Community Consumer Submission (CCS) Extract Specifications Version 7.7.2

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Version History

Date	Version	Author	Description
7/1/2009	1.0	P. Gilding	Original for Fiscal Year (FY) 2010
7/1/2013	7.1	P. Gilding	Update for FY 2014
1/1/2014	7.1 Rev1	P. Gilding	Revision for Mid-Year Release, FY 2015
1/1/2014	7.2	P. Gilding	Consolidated for FY 2015
1/1/2015	7.3	P. Gilding	First update for FY 2016
7/1/2015	7.3.1	P. Gilding	Second update for FY 2016
7/1/2016	7.3.2	P Gilding	First update for FY 2017
7/1/2017	7.3.3	P. Gilding	Update for FY 2018
7/1/2018	7.4	P. Gilding	First Update for FY 2018
10/30/2018	7.4.1	P. Gilding	Second Update for FY 2018
3/4/2019	7.5	S. A. Elmore, PhD	Update for FY 2020 implementation
6/1/2019	7.5.1	S. A. Elmore, PhD	First update for FY 2020
12/20/2019	7.6	S. A. Elmore, PhD	Update for FY 2021 implementation
2/20/2020	7.6.1	S. A. Elmore, PhD	Reprinted with omitted elements 85-95.
6/11/2020	7.6.2	C. Pullen	Revision for FY 2021 implementation
6/24/2020	7.6.3	C. Pullen	Language and format revision FY 2021
4/1/2021	7.7	C.Pullen	Original FY 2022 – Released
6/1/2021	7.7.1	C. Pullen	Revised FY 2022 – Released
6/23/2021	7.7.2	C. Pullen	Revised FY 2022 - Released

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Contents

FY22 Document Revision History

Location	Revision Description	Reason
Throughout	'3' has been removed from all reference to CCS	New versions may follow, removing the '3' keeps nomenclature consistent
Purpose Section	Verbiage removed: The principal audiences for this document are Department and CSB staff and CSB EHR Vendors involved with collecting, reporting, and using data about individuals receiving services and the direct or contracted services they receive from CSBs. CSB staff and EHR Vendors responsible for implementing CCS should review and must adhere to these Extract Specifications and the current CCS Business Rules, incorporated by reference into these Specifications and distributed with the current CCS application release.	Contained in taxonomy
Scope Section	'CCS Clinical Guide' added to verbiage	New clinical supplement has been created to accompany CCS technical document
Definitions and Guidance for CCS Reporting	Hyperlink to taxonomy on DBHDS website has been added	Ease of use
Definitions and Guidance for CCS Reporting	Z-Consumer definition removed.	Definitions of terms are located in Services Taxonomy
Definitions and Guidance for CCS Reporting	Program Area definition removed.	Definitions of terms are located in Services Taxonomy
Definitions and Guidance for CCS Reporting	Service Code and Units definition removed.	Definitions of terms are located in Services Taxonomy
Definitions and Guidance for CCS Reporting	Consumer Run Services definition removed	Definitions of terms are located in Services Taxonomy
Definitions and Guidance for CCS Reporting	Individual Receiving services definition removed.	Definitions of terms are located in Services Taxonomy
Definitions and Guidance for CCS Reporting	Service Dates section has been changed into a table	Ease of use
Definitions and Guidance for CCS Reporting	Business Rules definition has been added.	Ease of use
Definitions and Guidance for CCS Reporting	Service Date and From/Through Date sections combined	Duplicative information

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Extract Files	Hyperlink to Appendix C added under 'Staff Classification'	Ease of use
Appendix A	Table updated	Ease of use
Appendix B	Introductory language has been revised	Updated language to be more current and accurate
Appendix B	Data Element 64 – Service Subtype 01 RETIRED	Retired due to changes in data collection practices for crisis
Appendix B	Data Element 64 – Service Subtypes 15 – 20 RETIRED	Combined into three separate service subtypes
Appendix B	Data Element 64 – Service Subtypes 24-28 RETIRED	Retired to minimize confusion for reporting purposes
Appendix B	Data Element 64 – Service Subtypes 31-33 added	Added to minimize confusion for reporting purposes
Appendix B	Data Element 65 - Codes 15 & 18 were combined. 18 RETIRED	Office of Family and Child Services approved combination to be collected under one code
Appendix B	Data Element 67 RETIRED	Retired for lack of utility
Appendix B	Data Element 68 RETIRED	Retired for lack of utility
Appendix B	Data Element 81 RETIRED	Information will be collected in WaMS
Appendix B	Data Element 82 RETIRED	Information will be collected in WaMS
Appendix B	Data Element 91 RETIRED	Information will be collected in WaMS
Appendix B	Data Element 92 RETIRED	Information will be collected in WaMS
Appendix B	Data Element 100 RETIRED	Information will be collected in WaMS
Appendix B	Data Element 101 RETIRED	Information will be collected in WaMS
Appendix B	Data Element 111 - 05 Undefined RETIRED	Changed to align with national standards
Appendix B	Data Element 111 – 08 Gender non-conforming **NEW**	Updated to align with SAMHSA
Appendix B	Data Element 114 - **NEW**	HCPCS codes added for crisis intervention/stabilization and peer/family services
Appendix B	Data Element 67 & 68 will retire after FY21	Not being utilized
Appendix C	Text type and Text Length removed and replaced with Associated Report/File column	Ease of use
Appendix C	Renamed Appendix B	Ease of use
Appendix D	Table updated to include 'Case Opening', 'Admission to Program Area', and 'Discharge from Program Area'	Ease of use
Appendix D	Renamed Appendix C	

Appendix E	Business rules link added to business rules on DBHDS site	Ease of use
Appendix E	Renamed Appendix D	
Appendix F	Renamed Appendix E	
Appendix G	Removed	Exists in the Clinical Guidance
Appendix H	Renamed Appendix F	
Appendix I	Renamed Appendix G	
Appendix I	10 Referred to Primary Care Physician (PCP) removed	
Appendix J	Renamed Appendix H	
Appendix K	Renamed Appendix I	
Appendix L	Removed	Duplicative and can be found in the taxonomy
Appendix M	Removed	Duplicative and can be found in the taxonomy
Appendix N	Removed	Duplicative and can be found in the taxonomy

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Purpose and Scope of CCS

Purpose

The Department of Behavioral Health and Developmental Services (Department) developed these CCS Extract Specifications in collaboration with the Data Management Committee (DMC) of the Virginia Association of Community Services Boards (VACSB). The Department, in partnership with community services boards and the behavioral health authority (CSBs), uses the Community Consumer Submission (CCS) to comply with federal and state reporting requirements, including those in the federal substance abuse Treatment Episode Data Set (TEDS) and federal mental health and substance abuse block grants (MHBG/SABG); to submit data to state funding sources, including the General Assembly and Department of Planning and Budget; and to produce data about the performance of the public mental health, developmental, and substance use disorder (SUD) services system; and to report on outcomes of Virginia's Behavioral Health System Transformation Excellence and Performance (STEP-VA) initiative. State and federal policymakers and decision-makers and many others use this CCS data. The CCS provides data for comparisons of and trends in the numbers and characteristics of individuals receiving direct and contracted mental health, developmental, and substance use disorder services from CSBs.

This document provides CCS extract specifications to CSB information technology (IT) staff, Clinical Staff, and Electronic Health Record (EHR) vendors for reporting data about individuals and services through the Department's CCS process. These rules establish acceptable parameters and validation criteria for CCS data elements and describe error-checking routines and operations. CSB IT staff and vendors also should review and must adhere to applicable parts of the current services taxonomy, such as service and service unit definitions. The extract specifications are incorporated into and made a part of the current community services performance contract by reference.

Scope

The CCS is a compilation of demographic, clinical, descriptive, and outcomes data about individuals with mental illnesses, substance use disorders, developmental disabilities, or co-occurring disorders and data about the services they receive. For the CCS to produce valid and reliable data, all CSBs must submit complete and accurate data using the same formats and definitions per the specifications outlined in this document. This document is supplemental to the Performance Contract, CCS Clinical Guide, and Services Taxonomy providing definitions of the information needed to produce the standard data files and the extract specifications that are required for CSBs to report individual level data through the CCS. This document also describes the process of submitting CCS files to the Department.

CCS collects data elements from CSBs about services and individuals in a secure single submission to the Department. CCS software does not require any additional data entry. Instead, CSBs extract data from their local information systems or electronic health records (EHRs) by importing the data into the CCS application for the creation and transmission of required files.

Extract Schedule and Individual Status Changes

The CCS is a batch system, and CSBs produce and transmit extracts to the Department each month. Because consumer records are extracted monthly, they will contain information about individuals at the time the extract is run. It is possible that an individual's status may have changed more than once during the month, but those changes will not be captured in the extract; only the status that is

current when the extract is run will be submitted to the Department. If an individual's status for any Consumer file data element changes during a month, the change must be recorded in the CSB's information system or EHR so it can be extracted for the Consumer file in the monthly CCS extract.

At the Department, the Central Office CCS database will use monthly extract submissions to record changes in an individual's status over time and will maintain a separate record for each individual's change in status, with a different artificial key identifying each consumer record. This will allow the Department to track the history of changes in an individual's status and relate them to specific service dates. However, this happens in the Department's CCS database and does not affect the local CSB extract process.

Submission Procedures and Processes

Timeliness

CSBs must submit all CCS data on a monthly basis. Unless otherwise directed, extract data must be received at the Department no later than the end of the month following the month of the extract. ***For example, November data is due in the Department no later than December 31.*** When it will not make a scheduled submission on time, the CSB must notify Chandelle Pullen, Office of Management Services, at Chandelle.Pullen@DBHDS.Virginia.gov, 804-298-3197 (desk) 804-385-3491 (cell), preferably by email, alternate by phone, and provide a revised delivery date. The Department will monitor and report on compliance with the monthly reporting requirements. Semi-monthly disbursements of state and federal funds by the Department to CSBs are contingent on the Department's receipt of monthly CCS submissions.

Protocol for Resubmitting a CCS Extract

The community services performance contract requires each CSB to submit monthly CCS extracts containing consumer, type of care, service, diagnosis, outcome, and staff classification files that contain records reporting individual consumer characteristic, service, and other data to the Department. Each CSB must submit these extracts to the Department by the end of the month following the month for which the data is being submitted, except for the complete CSB fiscal year extract. Refer to Exhibit E of the performance contract for additional information. If the Department identifies a problem with a monthly CSB extract submission and the Department's Office of Management Services, Chandelle Pullen determines that a resubmission is necessary, the subsequent CSB resubmission is exempt from this protocol. Although CSBs must provide complete and accurate information in their monthly extract submissions, occasionally, it may be necessary for a CSB to resubmit a monthly CCS extract submission in order to correct inaccurate or incomplete service, consumer, type of care, diagnosis, outcomes, or staff classification records submitted during the month or to replace an incorrectly named or corrupted file.

CSBs cannot resubmit an extract for any month that precedes its most recent submission. If a CSB determines that it needs to resubmit its CCS extract for the current month, it shall follow the steps below to request a resubmission.

1. The designated CCS contact person at the CSB e-mails Chandelle Pullen, Office of Management Services, at Chandelle.Pullen@dbhds.virginia.gov, who is the designated CCS business owner or designee, describing and justifying its request for a resubmission.

2. The CCS business owner, Chandelle Pullen or designee may seek additional information from the CSB to understand the request and its potential impact if the CSB did not make the resubmission.
3. The CCS business owner, Chandelle Pullen or designee will review each request on a case-by-case basis with the Department's IT staff as soon as possible.
4. The CCS business owner, Chandelle Pullen or designee will communicate its decision and any instructions related to the resubmission, if necessary, to the requesting CSB.
5. If the Department approves the request, the CSB will resubmit its extract for that month to the Department via the sFTP secure server.

Definitions and Guidance for CCS Reporting

The services taxonomy is used, per State Board Policy 1021 (SYS) 87-9, to classify, describe, and measure services delivered by all CSBs directly or through contracts with other providers. The taxonomy defines many of the terms used in these Specifications, definitions in the current taxonomy, available at http://www.dbhds.virginia.gov/assets/doc/BH/oss/2010coreservicestaxonomy72v2.pdf under Office of Management Services.

Service Dates: From Date (Data Element 48) & Through Date (Data Element 62)

The service records in this reporting category in Tables 1 & 2 (See page 13) will have separate values in each date field. The ServiceFromDate field identifies the day the provision or receipt of service begins, and the ServiceThroughDate field identifies the day the provision or receipt of service ends. These fields are inclusive; they include services provided on those days. A day represents a normal 24-hour time period from 12:00 am to 11:59 pm CCS Business Rules about service dates include the following requirements.

Dates of service refer to the service start date (ServiceFromDate) and the service end date (ServiceThroughDate).

- ServiceFromDate must be equal to or greater than the TypeOfCareFromDate,
- Service dates must start and end within a single month
    - The CSB must create a new service record (ServiceFromDate) the beginning of each month that the service is provided.
- ServiceThroughDate must be greater than or equal to the ServiceFromDate and must be equal to or less than the TypeOfCareThroughDate

    - For services provided during an admission to a program area, the ServiceFromDate must be a date equal to or greater than the TypeOfCareFromDate, and the ServiceThroughDate must be a date equal to or less than the TypeOfCareThroughDate.
    - If the TypeOfCareThroughDate is blank, the ServiceThroughDate must be a date less than or equal to the end of the current reporting month and cannot be greater than the last day of the reporting month. In other words, the dates of the service must fall within the dates of the corresponding type of care for the program area.
    - Dates of service must fall within the dates of the corresponding Type of Care for the program area
    - Unless it is blank, ServiceThroughDate must be greater than or equal to the ServiceFromDate. ServiceThroughDate can **only** be blank if the CSB is unable to provide the ServiceThroughDate.
    - Service records cannot span multiple months. If a service extends over multiple months, then a CSB must create a separate service record at the start of each month that the service is provided.

For example, if a CSB began serving an individual in a group home on December 15, 2018, and the individual was still receiving services at the end of the month, the extract for December would have a service record that showed 17 bed days of intensive residential services (service code 521) for the 15th through 31st. The ServiceFromDate would be 12152018; the ServiceThroughDate would be 12312018. If the individual was still receiving services in January, but left the group home on January 14, 2019, there would be a service record in January with a ServiceFromDate of 01012019, a ServiceThroughDate of 01142019, and service units of 14 bed days (the 1st through14th). If this same individual ended his or her intensive residential services on December 22, 2018, then there would be one service record extracted for December showing a ServiceFromDate of 12152018, a ServiceThroughDate of 12222018, and service units of eight bed days (the 15th through 22nd).

Date Provided:

The service codes in this reporting category in Tables 1 and 2 (see page 13) are reported for the specific date using the ServiceFromDate field. The value of the ServiceFromDate must also be copied into the ServiceThroughDate field in the extract so that the two fields show that the service starts and ends on the same date. *For example, if an individual received three hours of outpatient services on March 1, 2019, the CSB would report a single service record for three hours of outpatient services with a ServiceFromDate of 03012019 and a ServiceThroughDate of 03012019.*

Service Modality (Data element 106):

Service Modality, requires each service hour unit of service (service codes 100, 310, 312, 313, 318, 320, 335, 350, 390, 460, 581, and 720) be identified as face-to-face or non-face-to-face. Thus, for services in Tables 1 and 2 (see page 13) where service units are reported "On that date," CSBs can aggregate multiple service units of the same type of face-to-face service provided on the same day into a single face-to-face service record, but they must send a separate face- to-face service record for each day on which these services are provided. Similarly, CSBs can aggregate multiple service units of the same type of non-face-to-face service provided on the same day into a single non-face-to-face service record, but they must send a separate non-face-to-face service record for each day on which these services are provided. Alternatively, CSBs can send a separate service record for each face-to-face or non-face-to-face service unit provided on the same day. CSBs cannot submit service hour service records that aggregate service units for multiple days in a month.

Service Date Reporting Categories

The service codes and their corresponding reporting categories are broken out in the following tables in the order in which they are listed in the current services taxonomy.

Service Code	Table 1: Emergency and Ancillary Services		Reporting Category
	Service Name	Reported Units Provided	
100	Emergency Services	On that date	Date provided
Ancillary Services			
318	Motivational Treatment Services	On that date	Date provided
390	Consumer Monitoring Services	On that date	Date Provided
620	Early Intervention Services	On that date	Date Provided
720	Assessment and Evaluation Services	On that date	Date Provided
730	Consumer Run Services	On that date	Date Provided
Service Code	Table 2: Services Available at Admission to a Program Area		Reporting Category
	Service Name	Reported Units Provided	
250	Acute Psychiatric or Substance Use Disorder (SUD) Inpatient Services	Over that period of time	From/through date
260	Community-Based SUD Medical Detoxification Inpatient Services	Over that period of time	From/through date
310	Outpatient Services	On that date	Date Provided
312	Medical Services	On that date	Date Provided
313	Intensive Outpatient Services	On that date	Date Provided
320	Case Management Services	On that date	Date Provided
335	Medication Assisted Treatment	On that date	Date Provided
350	Assertive Community Treatment	On that date	Date Provided
410	Day Treatment or Partial Hospitalization	Over that period of time	From/through date
425	Rehabilitation or Habilitation	Over that period of time	From/through date
430	Sheltered Employment	Over that period of time	From/through date
460	Individual Supported Employment	On that date	Date provided
465	Group supported employment	Over that period of time	From/through date
501	Highly Intensive Residential Services	Over that period of time	From/through date
510	Residential Crisis Stabilization Services	Over that period of time	From/through date
521	Intensive Residential Services	Over that period of time	From/through date
551	Supervised Residential Services	Over that period of time	From/through date
581	Supportive Residential Services	On that date	Date provided
610	MH or Developmental Prevention Services	On that date	Date provided

Type of Care

Type of Care Description:

The services taxonomy defines an episode of care as all of the services provided to an individual to address an identified condition or support need over a continuous period of time between an admission and a discharge. An episode of care begins with an admission to a program area, and it ends with the discharge from that program area. An episode of care may consist of a single face-to-face encounter or multiple services provided through one or more programs. CSBs must not admit an individual to emergency or ancillary services; those services are outside of an episode of care. If an individual has received his or her last service but has not yet been discharged from a program area, and he or she returns for services in that program area within 90 days, the individual is not readmitted, since he or she has not been discharged; the individual is merely accepted into that program area for the needed services.

In CCS, type of care is used to represent a time period between a beginning and an ending point in time or a from date and a through date. A type of care in CCS includes an episode of care, which is just one example of a type of care. A type of care is any time period with the following characteristics.

- It is bounded by a starting point and an ending point, both of which are specific dates.
- It represents a point in time at which to view the status of the individual receiving services.
- It is a marker after which the data input requirements in the CCS change. These markers determine what specific pieces of data are to be reported, as documented in Appendix C, to identify "When is Data Collected"?

The TypeOfCare file in CCS represents a type of care. The TypeOfCare file includes records that represent:

- an episode of care (i.e., an admission to and discharge from a program area),
- a consumer designation code indicating that an individual is participating in a special project, program, or initiative indicated by a 900 code, or
- any other type of care that meets any of the three characteristics above.

Episode of Care and Program Area

In CCS, an episode of care in any of the three program areas represents an admission to and discharge from that program area. In CCS, there are no admissions to or discharges from a CSB or a particular service, only to or from a program area. Individuals can have an unlimited number of episodes of care, although at any given point in time they must be in only one episode of care for any one program area at any given CSB. A current episode of care is one in which the through date is null. A previous episode of care is one in which the through date is less than or equal to the current date or last day of the extract month. For example, if an individual is receiving treatment for co-occurring mental illnesses and substance use disorders, he or she will have one mental health episode of care and one substance use disorder episode of care and may have any number of previous episodes of care.

Episodes of care in different program areas can overlap; there is no requirement that an episode of care end in one program area before another episode of care begins in a different program area. However, episodes of care cannot overlap in the same program area; CSBs must not submit TypeOfCare records

for more than one episode of care in the same program area at the same time. Admission to a program area admits an individual to any of the services in that program area; there is no separate admission to a service or individual program within that program area.

Type of Care and Consumer Designation Codes (CDCs):

The services taxonomy establishes consumer designation codes to identify individuals who receive services in specific initiatives or projects and are reported in the Type of Care Extract. The services taxonomy includes the following consumer designation codes. See Taxonomy for detailed definitions:

905 - Mental Health Mandatory Outpatient Treatment (MOT) Orders,
910 - Discharge Assistance Program (DAP),
915 - Mental Health Child and Adolescent Services Initiative,
916 - Mental Health Services for Children and Adolescents in Juvenile Detention Centers,
918 - Program of Assertive Community Treatment (PACT),
919 - Projects for Assistance in Transition from Homelessness (PATH),
920 - Developmental Disability (DD) Home and Community-Based Waiver Services (HCBS) – Medicaid funded
923 – Developmental Disability Enhanced Case Management Services (DD-ECM)
933 - Substance Use Disorder Medication Assisted Treatment
935 - Substance Use Disorder Recovery Support Services
936 – Project LINK (if applicable to the specific CSB)
937 – Permanent Supportive Housing

Extract Files

Each CSB extracts data from its information system or EHR into separate ASCII comma delimited extract files: Consumer, TypeOfCare, Service, Diagnosis, and Outcomes and Staff Classification. Each record in a file must have an Agency Code that will identify the record as belonging to the particular CSB. Appendix B describes the data elements in those files in more detail and with acceptable values.

Consumer File (Consumer.txt)

The Consumer extract file contains a record for each individual that represents a snapshot of the individual receiving services at a point in time. It contains identifying, demographic, and status or descriptive information about the individual.

Extract Criteria:

CSBs must send consumer records to the Department each month for any individuals who within the current fiscal year:

1. received an emergency or ancillary service (services available outside of a program area), OR
2. were admitted to a program area and received a service, OR
3. were admitted to and discharged from a program area with or without receiving a service.

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A Consumer.txt file extract record for an individual must contain all the current values in all of the applicable data elements for that individual at the time of extract.

Type of Care File (TypeOfCare.txt)

Extract Criteria:

CSBs must send all type of care records to the Department each month for all individuals who within the current fiscal year or across fiscal years CSBs must send TypeOfCare records only for these three circumstances:

- were admitted to a program area and were not discharged, OR
- were discharged with or without receiving a service, OR
- received or lost a consumer designation code; for example, began or stopped participating in a PACT (918) or started or ended meeting the criteria for ECM (923).

The FromDate in a TypeOfCare record containing a consumer designation code must be the date on which an individual first began participating in the specialized initiative or project, and the ThroughDate must be the date on which the individual stopped participating in the specialized initiative or project. If an individual receives a consumer designation code in one fiscal year and continues participating in that specialized project or initiative in the following fiscal year, all of the TypeOfCare records related to that consumer designation code would contain a FromDate but no ThroughDate, until the individual's participation ended. This enables the correct calculation of the days that an individual participated in the specialized project or initiative, and it supports accurate reporting of when the individual began and ended his or her participation in the initiative or project.

Note: If an individual admitted to a program area has not received any service within 100 days since the last service he or she received and has not been discharged, the CSB shall attempt to contact and re- engage him or her. If it cannot contact or re-engage the individual within 30 days from the end of the 100-day period, the CSB shall discharge him or her and report the discharge using a TypeOfCare record with a through date of the date of the last service he or she received.

Service File (Service.txt)
The current services taxonomy defines all services and service units that are included in CCS extracts, and the Services Taxonomy Category and Subcategory Matrix and Appendix E list the unit of service for each service.

Extract Criteria:

CSBs must send service records to the Department each month for all services they provided directly or contractually during the current fiscal year. Each service extract must contain records for all services delivered during the fiscal year. For example, the service file for July would include the service records for July; the service file for August would include the service records for July and for August; the service file for September would include the service records for July,

for August, and for September; and so on. The service file grows during the year until at the end of the fiscal year it includes all the records for that fiscal year.

The Service Units field reports the services received on the service date or dates; it must not accumulate or total service units at a higher amount than on that date or those dates. For example, it must not represent the total service units for more than one month. In situations where the same service is provided to an individual at multiple times during the same day, CSBs may opt to report these records individually, or CSBs may summarize the units for the day in a single record except for developmental case management services. See the ***Date provided*** section on page 11 for more details.

Diagnosis File (Diagnosis.txt)

The Diagnosis extract file contains one or more records for each individual that represent a snapshot of his or her diagnoses. It contains identifying and diagnostic information about the individual. There may be multiple diagnosis records for an individual, but there must be at least one record. The Diagnosis file will accept DSM-5 mental illness, developmental disability, or substance use disorder codes for historical purposes and ICD-10 mental illness, developmental disability, substance use disorder, and medical codes.

Extract Criteria:

CSBs must send diagnosis records to the Department each month for any individuals who within the current fiscal year:

- received an emergency or ancillary service (services available outside of a program area), OR
- were admitted to a program area and received a service, OR
- were discharged from a program area with or without receiving a service.

A Diagnosis.txt file extract record for an individual must contain all the current values in all of the applicable data elements for that individual at the time of extract. Each diagnosis record in the Diagnosis extract file must contain a DiagnosisStartDate (data element 94).

Outcomes File (Outcomes.txt)

The Outcomes extract file contains a record for each outcome measure reported for individuals receiving services. It also reports data about the date and type of assessment used for the measure and the numeric value of the assessment.

Extract Criteria:

CSBs must send Outcomes records to the Department each month for any individuals who received services from them within the current fiscal year whenever CSBs perform assessments on them to gather data for an outcome measure. An Outcomes.txt file extract record for an individual must contain all the current values in all of the applicable data elements for that individual at the time of extract.

Staff Classification (StaffClassification.txt)

The Staff Classification table contains the list of staff classifications being tracked for reporting. See data element 110 (Appendix B) for details. The Staff Classification is to be linked to the StaffId. This category is for classification, which is different from credentialing or licensing for professional staff.

Extract Criteria:

CSB must send the staff classification for staff, with a unique record for each classification per person (i.e., an individual may show up multiple times in the file), for all staff who that is providing services. Classifications are outlined in the detail of Element 110

Security/Data Transfer:

Security of the data during transmission from the CSB to the Department is the responsibility of the Department. Authorized CSB users will transmit data to the Department's secure FTP site, which will ensure compliance with Health Insurance Portability and Accountability Act of 1996 (HIPAA) and community services performance contract requirements.

Quality Control Responsibilities

Each CSB is responsible for:

- ensuring that each record in the data submission contains the required key fields, all fields in the record contain valid codes, and no duplicate records are submitted;
- cross-checking data items for consistency across data fields;
- cross-checking data prior to monthly submissions, including improving and reducing warnings to improve data quality; and reduce fatal errors
- responding promptly to CCS error reports by correcting data locally so that the next extract will contain correct, accurate, and complete data or by resubmitting data where appropriate.

The Department is responsible for:

- processing CSB data submissions promptly into the CCS data base;
- checking each record submitted to verify that all CCS key fields are valid;
- creating quality improvement reports (i.e. Data Quality Tool) that CSBs can run locally on the extract files before they have been submitted and processed and providing monthly data quality reports on data after it has been received and processed by the Department.

CCS Extracts Submitted for a New Fiscal Year

When beginning the cycle of extract submissions for a new fiscal year, a CSB shall drop the following records from its extracts:

- service records prior to July 1 of the new fiscal year,
- type of care records with discharge dates prior to July 1 of the new fiscal year,
- consumer records for individuals discharged from all program areas (mental health, developmental, and substance use disorder) prior to July 1 of the new fiscal year,
- consumer records for individuals with open cases but not admitted to a program area who have not received a service on or after July 1 of the new fiscal year, and
- diagnosis records for individuals whose consumer records have been dropped (preceding two criteria).

Appendix A: Extract Lookup Tables

CCS Extract Lookup Tables			
Lookup Table	Description	No.	Data Element
lkpAgency	Three character code identifying a CSB	2	Agency Code
lkpDisStatus	Code indicating the status of the individual at the end of a type of care	12	Discharge Status
lkpDrug	Code indicating type of drug used by an individual with a substance use	32	SADP Type
lkpDrugMethod	Code indicating the method of drug use or usual route of administration	34	SADP Meth Use
lkpEducation	Code indicating the highest-grade level completed by the individual	21	Education Level
lkpEmployment	Code indicating the involvement of the individual in the labor force	22	Employment Status
lkpEpisodes	Code indicating the number of previous episodes of care in any drug or alcohol program for the individual	25	Nbr Prior Episodes Any Drug
lkpFIPS	Federal code indicating the city or county in which the individual lives.	14	City County Residence Code
lkpFrequency	Code indicating the frequency of use for a substance use disorder	33	SAPD Freq Use
lkpGender	Code indicating the gender at birth of the individual receiving services	17	Gender
lkpGenderIdentity	Code indicating how an individual identifies their gender	111	Gender Identity
lkpGoalMeasure	Code indicating extent to which a goal measure is achieved or implemented	81	Health Well Being Measure
		82	Community Inclusion Measure
		85	Day Activity Measure
lkpHispanic	Code indicating the individual's Hispanic Origin	19	Hispanic Origin
lkpHousingMoves	Code indicating the number of times an individual has moved	88	Housing Stability
lkpInsuranceType	Code indicating the individual's current type of insurance coverage	71	Insurance Type 1
lkpInsuranceType	Code indicating the individual's current type of insurance coverage	72	Insurance Type 2

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Lookup Table	Description	No.	Data Element
lkpInsuranceType	Code indicating the individual's current type of insurance coverage	73	Insurance Type 3
lkpInsuranceType	Code indicating the individual's current type of insurance coverage	74	Insurance Type 4
lkpInsuranceType	Code indicating the individual's current type of insurance coverage	75	Insurance Type 5
lkpInsuranceType	Code indicating the individual's current type of insurance coverage	76	Insurance Type 6
lkpInsuranceType	Code indicating the individual's current type of insurance coverage	77	Insurance Type 7
lkpInsuranceType	Code indicating the individual's current type of insurance coverage	78	Insurance Type 8
lkpLanguage	Code indicating preferred language used by the individual receiving services	89	Preferred Language
lkpLegal	The individual's legal status in relation to the receipt of services	24	Legal Status
lkpMilitaryStatus	Code indicating the current status of an individual who is serving or has served in a U.S. military branch or who is a dependent family member	66	Military Status
lkpOutcomeAction	Code indicating the type of assessment for an outcome measure	103	Assessment Action
lkpOutcomeFreq	Code indicating the frequency of the outcome assessment or action	105	Assessment Frequency
lkpProgram	Identifier for a program area or pseudo program area	3	Program Area ID
lkpRace	Code indicating the self-identified race of the individual receiving services	18	Race
lkpReferral	Code indicating person, agency, or organization that referred individual to a	15	Referral Source
lkpResidence	Code indicating where the individual receiving services lives	23	Type of Residence
lkpService	The three-character services taxonomy code for a service	5	Service Code
lkpServiceLocation	Code indicating location at which a service was received by the individual	65	Service Location
lkpServiceMod	Code indicating face-to-face or non-face-to-face service hour unit of service	106	Service Modality

Table title: **CCS Extract Lookup Tables (cont.)**

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Lookup Table	Description	No.	Data Element
lkpServiceSubtype	Code indicating a specific activity associated with a particular service	64	Service Subtype
lkpSMISED	Code indicating if the individual has a SMI, SED, or is at-risk of SED	13a	SMI SED At Risk
lkpSocial	Code indicating the frequency of the individual's participation in social contacts	70	Social Connectedness
lkpStabilityMeasure	Code indicating extent to which a stability measure is maintained	84	Living Arrangement Measure
		85	Day Activity Measure
lkpTypeOfCare	Code indicating the type of care program area or consumer designation	N/A	
lkpTuberculosis	Code indicating the tuberculosis screening results and referral status	N/A	
lkpYesNo	Code indicating yes, not, not applicable, unknown, or not collected	N/A	
lkpYesNoECM	Code indicating yes, no, not applicable, or not collected for data elements 92, 96, and 98	96	Discussion of Last Completed Physical Exam
lkpReferralDestination	Code indicating referral of the individual from the CSB (Appendix H)	103	Assessment Action, Service Subtype 13
lkpStaffClassification	Classifications for staff for Peer Support Services, Family –Support Services and Crisis Intervention and Crisis Stabilization Services	110	Staff Classification
lkpHCPCS	An alphanumeric coding used by CMS to identify specific services types. Field Length 5 characters.	114	Healthcare Common Procedure Coding System (HCPCS)

Appendix B: CCS Extract Data File Layouts and Element Definitions

File Layout

Listed below are the file layouts for the extract files each CSB produces as part of the initial extract process from the CSB's information system or EHR. As the first or original set of extract files, they are identified as Data Set 1 (DS1). These files are then used as input to subsequent processing, including hashing or transforming sensitive identifying information about individuals receiving services, before transmission of the extracted data to the Department. Full definitions, descriptions, and validations of each of these data elements are contained in Appendix C: CCS Extract Data Element Definitions.

No.	Field Name	Type	Length	Description
	Consumer File (Consumer.txt)			
2	AgencyCode	Text	3	Code identifying a CSB (*e.g.*, 049, 031)
7	ConsumerId	Text	10	Identifier assigned by the CSB to an individual who is or will be receiving services
8	SSN	Text	9	Social security number of the individual; this raw value will be hashed before transmission
16	DateOfBirth	Text	8	MMDDYYYY of the individual's birth date
17	Gender	Text	2	Code indicating the gender of the individual
18	Race	Text	2	Code indicating the race of the individual
19	HispanicOrigin	Text	2	Code indicating Hispanic origin of the individual
13a	SMISEDAtRisk	Text	2	Code indicating if the individual has serious mental illness (SMI), serious emotional disturbance (SED), or is at-risk of SED
~~13b~~	~~CognitiveDelay~~	~~Text~~	~~2~~	~~Data Element was retired and should be reported as null~~
~~26~~	~~AxisICode1~~	~~Text~~	~~5~~	~~Data Element was retired and should be reported as null~~
~~27~~	~~AxisICode2~~	~~Text~~	~~5~~	~~Data Element was retired and should be reported as null~~
~~52~~	~~AxisICode3~~	~~Text~~	~~5~~	~~Data Element was retired and should be reported as null~~
~~53~~	~~AxisICode4~~	~~Text~~	~~5~~	~~Data Element was retired and should be reported as null~~
~~54~~	~~AxisICode5~~	~~Text~~	~~5~~	~~Data Element was retired and should be reported as null~~
~~55~~	~~AxisICode6~~	~~Text~~	~~5~~	~~Data Element was retired and should be reported as null~~
~~28~~	~~AxisIIPrimary~~	~~Text~~	~~5~~	~~Data Element was retired and should be reported as null~~
~~29~~	~~AxisIISecondary~~	~~Text~~	~~5~~	~~Data Element was retired and should be reported as null~~
~~30~~	~~AxisIII~~	~~Text~~	~~1~~	~~Data Element was retired and should be reported as null~~
~~31~~	~~AxisV~~	~~Text~~	~~3~~	~~Data Element was retired and should be reported as null~~
14	CityCounty ResidenceCode	Text	3	Federal (FIPS) code indicating the city or county in which the individual lives

No.	Field Name	Type	Length	Description
Consumer File (Consumer.txt) - *continued*				
15	ReferralSource	Text	2	Code indicating person, agency, or organization that referred individual to the CSB for evaluation or treatment
23	Type of Residence	Text	2	Code indicating where the individual lives (accidentally omitted for most recent extract) – no changes
22	EmploymentStatus	Text	2	Code indicating the individual's employment status
21	EducationLevel	Text	2	Code indicating the individual's education level
24	LegalStatus	Text	2	Code indicating the individual's legal status
25	NbrPriorEpisodes AnyDrug	Text	2	Code indicating the number of previous episodes in any drug or alcohol program for the individual
44	PregnantStatus	Text	1	Code indicating if the individual is a female with a substance use disorder who is pregnant.
45	FemaleWith Dependent ChildrenStatus	Text	1	Code indicating if the individual is a female with a substance use disorder who is living with dependent children
~~46~~	~~DaysWaitingTo EnterTreatment~~	~~Text~~	~~3~~	~~Data Element was retired and should be reported as null~~
47	NbrOfArrests	Text	2	Number of arrests in the past 30 days
32	SAPDType	Text	2	SA primary drug: type of drug code
34	SAPDMethUse	Text	2	SA primary drug: method of use code
33	SAPDFreqUse	Text	2	SA primary drug: frequency of use code
35	SAPDAgeUse	Text	2	SA primary drug: age of first use code
36	SASDType	Text	2	SA secondary drug: type of drug code
38	SASDMethUse	Text	2	SA secondary drug: method of use code
37	SASDFreqUse	Text	2	SA secondary drug: frequency of use code
39	SASDAgeUse	Text	2	SA secondary drug: age of first use
40	SATDType	Text	2	SA tertiary drug: type of drug code
42	SATDMethUse	Text	2	SA tertiary drug: method of use code
41	SATDFreqUse	Text	2	SA tertiary drug: frequency of use code
43	SATDAgeUse	Text	2	SA tertiary drug: age of first use
~~49~~	~~AuthRep~~	~~Text~~	~~1~~	~~Data Element was retired and should be reported as null~~
57	MedicaidNbr	Text	12	The individual's Medicaid number in the format prescribed by the DMAS
58	Consumer FirstName	Text	30	The first name of the individual, used to generate a unique consumer ID; the full name is not transmitted to the Department
59	ConsumerLastName	Text	30	The last name of the individual, used to generate a unique consumer ID; same as No. 58
66	MilitaryStatus	Text	2	Current status of an individual serving in or who has served in the military or who is a dependent family member of the individual

				Consumer File (Consumer.txt) - *continued*
No.	**Field Name**	**Type**	**Length**	**Description**
~~67~~	~~MilitaryService StartDate~~	~~Text~~	~~4~~	~~Data Element was retired and should be reported as null~~
~~69~~	~~MaritalStatus~~	~~Text~~	~~2~~	~~Data Element was retired and should be reported as null~~
70	Social Connectedness	Text	2	Measure of frequency of participation in social contacts that support recovery
71	InsuranceType1	Text	2	The type of the individual's current insurance coverage
72	InsuranceType2	Text	2	The type of the individual's current insurance coverage
73	InsuranceType3	Text	2	The type of the individual's current insurance coverage
74	InsuranceType4	Text	2	The type of the individual's current insurance coverage
75	InsuranceType5	Text	2	The type of the individual's current insurance coverage
76	InsuranceType6	Text	2	The type of the individual's current insurance coverage
77	InsuranceType7	Text	2	The type of the individual's current insurance coverage
78	InsuranceType8	Text	2	The type of the individual's current insurance coverage
~~79~~	~~DateNeedforMH ServicesFirstDeter~~	~~Text~~	~~8~~	~~Data Element was retired and should be reported as null~~
~~80~~	~~DateNeedforSUD ServicesFirstDeter~~	~~Text~~	~~8~~	~~Data Element was retired and should be reported as null~~
~~81~~	~~HealthWellBeing~~	~~Text~~	~~2~~	~~Data Element was retired and should be reported as null~~
~~82~~	~~CommunityInclusion~~	~~Text~~	~~2~~	~~Data Element was retired and should be reported as null~~
~~83~~	~~ChoiceandSelf Determination~~	~~Text~~	~~2~~	~~Data Element was retired and should be reported as null~~
~~84~~	~~LivingArrangement~~	~~Text~~	~~2~~	~~Data Element was retired and should be reported as null~~
~~85~~	~~DayActivity~~	~~Text~~	~~2~~	~~Data Element was retired and should be reported as null~~
86	SchoolAttendance	Text	2	School attendance during past three months
87	IndependentLiving	Text	1	Living independently or dependently in private residence
88	HousingStability	Text	2	Number of changes in residence during a quarter
89	PreferredLanguage	Text	2	Preferred language used by individual receiving services
~~90~~	~~EnhancedCaseMgmt~~	~~Text~~	~~1~~	~~Data Element was retired and should be reported as null~~
~~91~~	~~Employment Discussion~~	~~Text~~	~~2~~	~~Employment discussed at annual case management (CM) ISP meeting~~
~~92~~	~~EmplymntOutcomes~~	~~Text~~	~~1~~	~~Employment outcomes included in case management ISP~~
~~96~~	~~DiscussionofLast CompletePhysical~~	~~Text~~	~~1~~	~~Data Element was retired and should be reported as null~~
97	DateofLastComplete PhysicalExamination	Text	8	Date on which the individual received his or her last regularly scheduled complete physical examination
~~98~~	~~DiscussionofLast SchduledDental~~	~~Text~~	~~1~~	~~Data Element was retired and should be reported as null~~

No.	Field Name	Type	Length	Description
**Consumer File (Consumer.txt) -** *continued*
99	~~DateofLastScheduled DentalExamination~~	~~Text~~	~~8~~	~~Data Element was retired and should be reported as null~~
100	~~Community Engagement~~	~~Text~~	~~1~~	~~Data Element was retired and should be reported as null~~
101	~~Discussion Community Engagement Goals~~	~~Text~~	~~1~~	~~Data Element was retired and should be reported as null~~
109	~~Medicare BI~~	~~Text~~	~~11~~	~~Data Element was retired and should be reported as null~~
111	Gender Identity	Text	2	Identification of consumer gender identity

Data elements 13b, 26-31, 46, 49, 52-55, 69, 79, 80, 90, and 109 are no longer required in the Consumer.txt file, and CSBs must report them as NULL values. CSBs now report diagnoses in the Diagnosis file using data elements 93-95 and have been **removed** from the client file. Data elements 102-104 and 107 (SDA) in the Outcomes.txt file replace data elements 46, 79, and 80. Please see instructions in Appendix E for formatting NULL values.

No.	Field Name	Type	Length	Description
**Type of Care File (TypeOfCare.txt)**
2	AgencyCode	Text	3	Code identifying a CSB (*e.g.*, 049, 031)
7	ConsumerId	Text	10	Identifier assigned by the CSB to an individual who is or will be receiving services; the local consumer Id, not the statewide Id (hashed SSN)
3	TypeOfCare	Text	3	Code indicating the program area (100, 200, or 300) or consumer designation code (*e.g.*, 910, `, or 923)
12	DischargeStatus	Text	2	Code indicating treatment status of an individual at the end of the type of care, that is at discharge from a program area.
61	TypeOfCareFromDate	Text	8	MMDDYYYY of the starting date of the type of care
60	TypeOfCareThroughDate	Text	8	MMDDYYYY of the ending date of the type of care
108	TransactionID	Text	12	A number that uniquely identifies each type of care record

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No.	Field Name	Type	Length	Description
2	AgencyCode	Text	3	Code identifying a CSB (*e.g.*, 049, 031)
7	ConsumerId	Text	10	Identifier assigned by the CSB to an individual who is or will be receiving services
3	ProgramAreaId	Text	3	Code indicating if the individual received this service in a service area (100, 200, or 300 for MH, DV, SA) or as emergency or ancillary services (400)
5	ServiceCode	Text	3	Core services taxonomy service code for this service
48	ServiceFromDate	Text	8	MMDDYYYY indicating the start date of the service
10	Units	Text	8	Units of service as specified in the current core services taxonomy: service hours, day support hours, days of service, and bed days; reported with two decimal places.(*e.g.*, 1.25, 1.00, etc.)
~~56~~	~~ConsumerServiceHours~~	~~Text~~	~~8~~	~~Data Element was retired and should be reported as null~~
62	ServiceThroughDate	Text	8	MMDDYYYY indicating the end date of a service If the service started and ended on the same day, this value must be the same as the service from date
63	StaffId	Text	10	The CSB local staff identification number ~~(optional)~~
64	ServiceSubtype	Text	3	A specific activity associated with a particular core service category or subcategory
65	ServiceLocation	Text	2	The location at which the service was received by or provided to an individual
106	Service Modality	Text	2	This identifies how a service unit is delivered (*i.e.*, face- to-face or non-face-to-face)
108	TransactionID	Text	12	A number that uniquely identifies each service record
114	Healthcare Common Procedure Coding System (HCPCS)	Text	5	An alphanumeric coding used by CMS to identify specific services types. Field Length 5 characters.

Table title: Service File (Service.txt)

Data element 56 is no longer required in CCS 3; CSBs must report it as a NULL value. Please see instructions in Appendix E for formatting NULL values.

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Diagnosis File (Diagnosis.txt)

No.	Field Name	Type	Length	Description
2	AgencyCode	Text	3	Code identifying a CSB (*e.g.*, 049, 031)
7	ConsumerId	Text	10	Identifier assigned by the CSB to an individual who is or will be receiving services
93	ReportedDiagnosisCode	Text	7	Valid DSM-4 or ICD-10 diagnosis code
94	DiagnosisStartDate	Text	8	Date the diagnosis started
95	DiagnosisEndDate	Text	8	Date the diagnosis ended
108	TransactionID	Text	12	A number that uniquely identifies each diagnosis record

Outcomes File (Outcomes.txt)

No.	Field Name	Type	Length	Description
2	AgencyCode	Text	3	Code identifying a CSB (*e.g.*, 049, 031)
7	ConsumerId	Text	10	Identifier assigned by the CSB to an individual who is or will be receiving services
102	Date of Assessment	Text	8	MMDDYYYY indicating the date on which the assessment used for an outcome measure occurred
103	Assessment Action	Text	2	Describes the type of assessment or action related to the assessment (*e.g.*, follow-up)
104	Assessment Value	Text	5	Displays the numeric value of the assessment
105	Assessment Frequency	Text	2	Displays how often the assessment or action was performed
107	Related Date	Text	8	A date related to an outcome measure
108	TransactionID	Text	12	A number that uniquely identifies each Staff Classification record with service

Staff Classification File (StaffClassification.txt)

No.	Field Name	Type	Length	Description
2	AgencyCode	Text	3	Code identifying a CSB (e.g., 049, 031)
63	StaffId	Text	10	The CSB local staff identification number
110	StaffClassification	Text	2	The DBHDS staff classification
112	ClassificationStartDate	Text	8	Date the classification started
113	ClassificationEndDate	Text	8	Date the classification ended
108	TransactionID	Text	12	A number that uniquely identifies each Staff Classification record with service

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Data Element Definitions

This appendix contains definitions and validations of current CCS data elements. Definitions list lookup table names and valid values. Some lookup tables, like ICD10 diagnostic codes, are too big to reproduce here. If there is any conflict between this document and values in the lookup tables, values in the lookup tables take precedence. Each definition contains a line for the purpose(s) of the data element, *e.g.*, mental health block grant (MHBG), treatment episode data set (TEDS), or DBHDS Annual Report requirements. CCS Business Rules, incorporated by reference in these specifications, contain additional information needed to collect and report data elements accurately. Some definitions include *italicized explanations* that are not part of the definitions or code values themselves. This table lists current CCS data elements alphabetically with their data element numbers for convenient reference.

Alphabetical Cross Reference of Data Elements			
No.	**Data Element**	**No.**	**Data Element**
2	Agency Code	84	Living Arrangement Measure
103	Assessment Action	57	Medicaid Nbr
105	Assessment Frequency	68	Military Service End Date
104	Assessment Value	67	Military Service Start Date
83	Choice & Self- Determination	66	Military Status
14	City County Residence Code	47	Nbr Of Arrests
113	Classification End Date	25	Nbr Prior Episodes Any Drug
112	Classification Start Date	89	Preferred Language
100	Community Engagement or Coaching Discussion	44	Pregnant Status
101	Community Engagement or Coaching Goals	3	Program Area Id
82	Community Inclusion Measure	18	Race
58	Consumer First Name	15	Referral Source
7	Consumer Id	107	Related Date
59	Consumer Last Name	93	Reported Diagnosis Code
97	Date Last Complete Physical Examination	35	SAPD Age Use
99	Date Last Scheduled Dental Examination	33	SAPD Freq Use
102	Date of Assessment	34	SAPD Meth Use
16	Date of Birth	32	SAPD Type
85	Day Activity Measure	39	SASD Age Use
95	Diagnosis End Date	37	SASD Freq Use
94	Diagnosis Start Date	38	SASD Meth Use
12	Discharge Status	36	SASD Type
96	Discussion of Last Complete Physical Examination	43	SATD Age Use
98	Discussion of Last Scheduled Dental Examination	41	SATD Freq Use
21	Education Level	42	SATD Meth Use
91	Employment Discussion	40	SATD Type
92	Employment Outcomes	86	School Attendance Status
22	Employment Status	5	Service Code
45	Female With Dependent Children Status	48	Service From Date
17	Gender	65	Service Location
111	Gender Identity	106	Service Modality
81	Health Well Being Measure	64	Service Subtype
19	Hispanic Origin	62	Service Through Date
88	Housing Stability	13a	SMI SED At Risk
87	Independent Living Status	70	Social Connectedness
71	Insurance Type 1	8	SSN
72	Insurance Type 2	110	Staff Classification
73	Insurance Type 3	63	Staff Id
74	Insurance Type 4	108	Transaction ID
75	Insurance Type 5	61	Type Of Care From Date
76	Insurance Type 6	60	Type Of Care Through
77	Insurance Type 7	23	Type Of Residence
78	Insurance Type 8	10	Units
24	Legal Status		

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No.	Data Element Name and Definition	Associated Report/File
2	**Agency Code:** The number provided by the Department that identifies the CSB providing services to the individual and supplying individual and service data through the CCS.	**Consumer File (Consumer.txt)** **Type of Care File (TypeOfCare.txt)** **Service File (Service.txt)** **Diagnosis File (Diagnosis.txt)** **Outcomes File (Outcomes.txt)** **Staff Classification File (StaffClassification.txt)**

Must match one of the values in the lookup table, lkpAgency. The table uses leading zeros for two-digit CSB numbers to make the field length three characters.

Purposes: Identify the CSB reporting CCS data and meet federal block grant (MHBG and SABG) and TEDS reporting requirements.

No.	Data Element Name and Definition	Associated Report/File
3	Program Area Id: The Service file uses this data element in the ProgramAreaID field to capture the program area (100, 200, 300, 400) of services provided. The Type of Care file uses this data element in the TypeOfCare field to capture program area (100, 200, or 300) and includes consumer designation (900) codes (CDC) for admissions to and discharges from these programs.	**Type of Care File (TypeOfCare.txt)** **Service File (Service.txt)**

For service file, must match one of the values in the lookup table, lkpProgram. Valid codes are:
100 Mental Health Services Program Area
200 Developmental Services Program Area
300 Substance Use Disorder Services Program Area
400 Emergency or Ancillary Services

For type of care must match lookup table, lkpTypeOfCare
900 Consumer Designation Codes

(continued next page)

Purposes: Identify the program area in the service and type of care records and meet FBG, TEDS, and DOJ Settlement Agreement reporting requirements, and report outcome measures adopted by the Department and the VACSB.

No.	Data Element Name and Definition	Associated Report/File
5	**Service Code:** Identifies each service in which the individual receives services. The current services taxonomy defines services, and the Services Category and Subcategory Matrix indicates the type of service unit collected and reported for each service and lists each service code.	**Service File (Service.txt)**

Must match one of the values in the lookup table, lkpService. CSBs must not submit Service.txt records in CCSfor consumer-run, substance use disorder prevention, Mental Health First Aid or suicide prevention, or infant and toddler intervention (Part C) services.

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No.	Data Element Name and Definition	Associated Report/File
**Purposes:** Identify the service area in the service and type of care records and meet FBG and TEDS reporting requirements.	

No.	Data Element Name and Definition	Associated Report/File
7	**Consumer Id:** A number or a combination of numerical and alphabetical characters used to identify the individual receiving services uniquely within the CSB; it is the local consumer Id, rather than the statewide Id.	**Consumer File (Consumer.txt)** **Type of Care File (TypeOfCare.txt)** **Service File (Service.txt)** **Diagnosis File (Diagnosis.txt)** **Outcomes File (Outcomes.txt)**

Each CSB assigns and maintains these numbers, which can be up to 10 alphanumeric characters. Once assigned, the individual will continue to be assigned the same ConsumerID for subsequent episodes of care.

Purposes: Identify the unique individual whose data is being reported in the consumer, type of care, service, diagnosis, and outcomes records; link services to the individual receiving them; and report unduplicated individuals receiving services in the DBHDS Annual Report.

No.	Data Element Name and Definition	Associated Report/File
8	**SSN:** The social security number of the individual receiving services from the CSB. CCS hashes the SSN for HIPAA privacy purposes before transmission to the Department.	**Consumer File (Consumer.txt)**

The SSN must contain only numbers; it must not contain any separations, dashes, or other special characters.

Purposes: Identify unique individuals, report unduplicated individuals, and construct unique identifier algorithm for One Source. *Must remain hashed for DBHDS compliance with SABG requirements.*

No.	Data Element Name and Definition	Associated Report/File
10	**Units:** Amount of service received by the individual in the time period from the ServiceFromDate field to the ServiceThroughDate field. Reported with two decimal places (e.g., 1.25 or 1.00)	**Service File (Service.txt)**

Purposes: Report amounts of services in the Annual Report, calculate unit costs, and meet FBG and TEDS reporting requirements.

No.	Data Element Name and Definition	Associated Report/File
12	**Discharge Status:** Status of an individual at the end of a type of care when the individual is discharged from a program area; this field is captured in a type of care record. The coding of this data element must reflect an individual's status at the end of an episode of care when the CSB discharges the individual from a program area, not when the individual moves among services within a program area.	**Type of Care File (TypeOfCare.txt)**

Must match one of the values in the lookup table, lkpDisStatus. Valid codes are:
02 Treatment Completed: Individual discharged from a program area having made significant progress toward completing current ISP goals.
03 Treatment Incomplete at Discharge: Individual discharged from a program area without significant progress toward completing treatment goals at discharge or after the CSB lost contact with the individual for 90 days. In the later situation, the TypeOfCareThroughDate is the date of the last face-to-face service or service-related contact.
04 Individual Died: Individual's death is documented in his or her clinical record.
05 Breaking Program Rules: Individual discharged from a program area for breaking program rules.

07 Other: Includes individuals who moved or left treatment due to illness, hospitalization, transfer to a state training center or certified nursing facility (DD), or for any other reason not captured by a value in the lookup table.

08 Individual Incarcerated: Individual discharged due to incarceration in a prison, local or regional jail or juvenile detention center, or other place of secure confinement. This does not include involuntary admission to a state or local psychiatric hospital or unit; in this situation, the individual should continue as an open case at the CSB.

~~96   Not Applicable~~
~~97   Unknown (Asked but not answered)~~
~~98   Not Collected (Not asked)~~

Purposes: Identify outcomes and meet FBG and TEDS reporting requirements.

No.	Data Element Name and Definition	Associated Report/File
13a	**SMI SED At Risk:** Code indicating if the individual has serious mental illness (SMI), serious emotional disturbance (SED), or is at-risk of SED, **as defined in the current services taxonomy. https://dbhds.virginia.gov/office-of-management-services**	**Consumer File (Consumer.txt)**

Must match one of the values in the lookup table, lkpSMISED. Valid codes are:

  01 None
  11 Serious Mental Illness (SMI) – Age range 18 years of age or older
  12 Serious Emotional Disturbance (SED) Age range Birth through 17 years
  13 At-risk of SED-Age range Birth through 7 years
  96 Not Applicable
  97 Unknown (Asked but not answered)
  98 Not Collected (Not asked)

Purposes: Describe levels of Mental Illness for individuals receiving services in DBHDS Annual Report and meet MHBG reporting requirements.

No.	Data Element Name and Definition	Associated Report/File
14	**City County Residence Code:** Federal (FIPS) code indicating the city or county in which the individual lives.	**Consumer File (Consumer.txt)**

Must match one of the values in the lookup table, lkpFIPS.

Purpose: TEDS and BG reporting

No.	Data Element Name and Definition	Associated Report/File
15	**Referral Source:** The person, agency, or organization that referred the individualto the CSB for evaluation, treatment and/or other services *Admitted or enrolled in program area, 100,200,300.* Must match one of the values in the lookup table, lkpReferral Valid codes are:	**Consumer File (Consumer.txt)**
01 Self		31 Department of Juvenile Justice (DJJ)

02 Family or Friend	32 Family Assessment and Planning Team/CSA office
06 Developmental Disabilities (DD) Provider (Waiver)- DBHDS Licensed	33 Residential Substance Abuse Treatment Facility
07 School System or Educational Authority	34 Part C Provider (NOTE: 29 are CSB operated & 11 external partner programs)
08 Employer or Employee Assistance Program (EAP)	35 Nursing Facility (certified) (includes Hiram Davis Medical Center (HDMC)
09 ASAP or DUI Program	36 other BH healthcare provider
10 Police or Sheriff	37 Alcohol or another SA Provider
11 Local Correctional Facility	38 Primary Health Care Provider – All regardless of who provider or operator is (i.e., private and CSB).
12 State Correctional Facility	
13 Local Community Probation and Pre-Trial Services	39 Specialty Provider/Clinician External (i.e., neurologist, neurobehavioral psychologist, rheumatologist, dentist, PT, OT, SLP, etc.) not associated with the CSB)
16 Other Community Referral	
17 Private Hospital	
21 State Hospital*	
22 State Training Center (ICF/IID certified) – SEVTC or CVTC	40 Psychiatric Residential Treatment Facility (PRTF)
24 Court	41 State Probation and Parole
27 Other Virginia CSB/BHA	42 Federal Probation
30 Department of Social Services	97 Unknown (Asked but not answered)
	98 Not Collected (Not asked)

*Code referrals from Virginia Center for Behavioral Rehabilitation as State Hospital (code 21).

Purposes: Meet TEDS, MHBG reporting requirements and respond to inquiries about linkages with other agencies, and STEP-VA

No.	Data Element Name and Definition	Associated Report/File
16	**Date of Birth:** The date of birth of the individual receiving services.	**Consumer File (Consumer.txt)**

MMDDYYYY with no spaces, slashes, or special characters. Use two digits for month and day, e.g., February is 02; February 1 is 0201.

Purposes: Meet FBG, TEDS and STEP – VA reporting requirements and construct unique identifier algorithm for One Source.

| 17 | **Gender:** The gender of the individual receiving services as identified on their birth certificate. | **Consumer File (Consumer.txt)** |

Must match one of the values in the lookup table, lkpGender. Valid codes are:

01 Female
02 Male
97 Unknown (Asked but not answered)
98 Not Collected (Not asked)

Purposes: meet FBG, TEDS reporting requirements, and construct unique identifier algorithm.

18	**Race:** The race of the individual receiving services as identified by the individual. Must match one of the values in the lookup table, lkpRace. Valid codes are:		**Consumer File (Consumer.txt)**	
	01 Alaska Native 02 American Indian 03 ~~Asian or Pacific Islander~~ (Retired) 04 Black of African-American 05 White 06 Other 13 Asian 23 Native Hawaiian or Pacific Islander		31 American Indian or Alaska Native and White 32 Asian and White 33 Black or African American and White 34 American Indian or Alaska Native and Black or African American 35 Other Multi-Race 97 Unknown (Asked but not answered) 98 Not Collected (Not asked)	
Purposes: meet FBG, TEDS reporting requirement, and respond to other inquiries.				

No.	Data Element Name and Definition	Associated Report/File
19	**Hispanic Origin** The Hispanic origin of the individual receiving services as identified by the individual using codes provided by the federal government	**Consumer File (Consumer.txt)**

Must match one of the values in the lookup table, lkpHispanic;
 	
    01 Puerto Rican
    02 Mexican
    03 Cuban
    04 Other Hispanic
    05 Not of Hispanic Origin
    06 Hispanic – Specific origin not identified
    97 Unknown (Asked but not answered)
    98 Not Collected (not asked)	

Purposes: Meet FBG and TEDS reporting requirements and respond to other inquiries.	
21	**Education Level:** The level of education of the individual receiving services, specifies the highest secondary school, vocational school, or college year completed or attained. There is no separate code for special education unless the individual does not have an equivalent grade level. Individuals who are in special education or have graduated from special education should have the highest school grade completed entered.	**Consumer File (Consumer.txt)**

Must match one of the values in the lookup table, lkpEducation. *Italicized language* below further defines the codes. Valid codes are:
01 No Years of Schooling (also use for a child under 3 or 3-4 years old who is not in pre-school)

11	Grade 1	15	Grade 5	19	Grade 9
12	Grade 2	16	Grade 6	20	Grade 10

| 13 | Grade 3 | 17 | Grade 7 | 21 | Grade 11 |
| 14 | Grade 4 | 18 | Grade 8 | 22 | Grade 12 |

Code an individual who has completed a GED as Grade 12.
- **23** Nursery, Pre-School, Head Start
- **24** Kindergarten
- **25** Special Education
- **26** Vocational Only
- **27** College Undergraduate Freshman
- **28** College Undergraduate Sophmore
- **29** College Undergraduate Junior
- **30** College Undergraduate Senior
- **31** Graduate or Professional Program
- **97** Unknown (Asked but not answered)
- **98** Not Collected (Not asked)

Purposes: Meet FBG and TEDS reporting requirements and respond to other inquiries.

No.	Data Element Name and Definition	Associated Report/File
22	**Employment Status:** Code indicating the employment status of the individual receiving services; e.g., employed, unemployed, in an employment program, or not in the labor force; CSBs must collect this at admission to and discharge from a program area and **update it annually.**	**Consumer File (Consumer.txt)**

Must match one of the values in the lookup table, lkpEmployment. *Italicized language* further defines the codes. Select the one code below that most accurately describes the individual's employment status when it is collected. Valid codes are:

- **01** Employed Full Time: Employed 35 hours a week or more; includes Armed Forces *This does not include an individual receiving supported or sheltered employment; the correct code for this individual is 12 or 13.*
- **02** Employed Part Time: Employed less than 35 hours a week. *This does not include an individual receiving supported or sheltered employment; the correct code for this individual is 12 or 13.*
- **03** Unemployed but Seeking Employment
- **06** Not in Labor Force: Homemaker *The individual is not in the labor force only because he or she is a homemaker and has no other valid employment status.*
- **07** Not in Labor Force: Student or Job Training Program. *Job training program does not include supported or sheltered employment, but it does include prevocational or day support services.*
- **08** Not in Labor Force: Retired
- **09** Not in Labor Force: Disabled *The individual is not in the labor force only because of his or her physical disability, mental illness, developmental disability, or substance use disorder.*
- **10** Not in Labor Force: Resident or Inmate of Institution *The individual is not in the labor force only because he or she lives in a state or local hospital, training center, nursing home, local or regional jail or state correctional facility, or other institution.*
- **11** Not in Labor Force-Other: Unemployed and not Seeking Employment. *The individual is unemployed and does not want a job or employment, or another value (e.g., 07 student) is not appropriate due to his or her age (e.g., four years old).*

12 Employment Program: Supported Employment *The individual receives individual or group supported employment services, defined in the services taxonomy or works in a supported employment setting.*

13 Not in Labor Force: Sheltered Employment *The individual receives sheltered employment services, defined in the services taxonomy, or works in a sheltered employment setting.*

97 Unknown (Asked but not answered) *The individual or his or her authorized representative did not provide an employment status.*

98 Not Collected (Not asked) *This value must not be used for individuals admitted to a program area; its use is only appropriate for individuals for whom a case is opened to receive Emergency or Ancillary Services.*

The code selected should be the most meaningful description of the individual's employment status when this data is collected

For example, if the individual at admission is unemployed but wants a job and needs supported employment, the correct value is 03 rather than 12. After the individual is admitted to a program area and is receiving supported employment, the correct value at the annual update is 12.

Purposes: meet FBG, TEDS reporting requirements, and construct unique identifier algorithm for One Source.

No.	Data Element Name and Definition	Associated Report/File
23	**Type Of Residence:** Code indicating where the individual receiving services lives.	**Consumer File (Consumer.txt)**

Must match one of the values in the lookup table, lkpResidence. Valid codes are:

01 Private Household
02 Shelter (Homeless Shelter)
03 Boarding Home (*non-licensed 3 persons or less*)
04 Foster Home or Family Sponsor Home *or Foster Care*
05 Licensed Assisted Living Facility (CSB or non-CSB operated)
06 Community Residential Service *(i.e. Waiver Provider, private group, home setting, etc.)*
07 Residential Treatment or Alcohol or Drug Rehabilitation (Other Residential Setting)
08 Nursing Home or Physical Rehabilitation Facility
09 Hospital *state hospital, psychiatric hospital*
10 Local Jail or Correctional Facility *Individual resides in a jail and/or correctional facility with care provided on a 24 hour, 7 days a week basis. This includes a jail, correctional facility, detention centers, and prison.*

11 State Correctional Facility
12 Other Institutional Setting (ICF/IID, IMD,
13 Homeless (person has no fixed address)
14 Juvenile Detention Center
15 Veterans Health Administration (VHA)
16 Adult Transition Home
17 Other residential status
97 Unknown (Asked but not answered)
98 Not Collected (Not Asked)

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Purposes: Meet FBG and TEDS reporting requirements, provide DBHDS Annual Report data, and respond to other inquiries (e.g., VHCD).

No.	Data Element Name and Definition	Associated Report/File
24	**Legal Status:** The legal status of the individual receiving services identifies the type of civil or forensic court order or criminal status related to the individual's admission to a CSB program area or a state facility or to the opening of a record for emergency or ancillary services	**Consumer File (Consumer.txt)**

Must match one of the values in the lookup table, lkpLegal. Valid codes are:

01 Voluntary: An individual is admitted voluntarily for community (including local inpatient) services or state facility services.

02 Involuntary Civil: An adult is admitted involuntarily, as decided at a non-criminal hearing, for purposes of an NGRI or competency examination or evaluation or for treatment under a Mandatory Outpatient Treatment (MOT) order or an inpatient civil commitment order; this does not include court-ordered psychological evaluations or other assessments for custody cases.

04 Involuntary Juvenile Court: A juvenile is admitted involuntarily, as decided at a non-criminal hearing, for the purposes of an NGRI or competency examination or evaluation or for treatment under an inpatient civil commitment order or remains in the community and is court-ordered to treatment in the community; custody remains with the parent or guardian. This does not include court-ordered psychological evaluations or other assessments for custody cases.

06 Involuntary Criminal: An individual who is incarcerated with pending criminal charges or convictions is admitted involuntarily for evaluation or treatment.

07 Involuntary Criminal Incompetent: An individual who is incarcerated with pending criminal charges is deemed incompetent to stand trial and is admitted involuntarily for competency restoration.

08 Involuntary Criminal NGRI: An individual who has been adjudicated not guilty by reason of insanity (NGRI) is admitted involuntarily for treatment.

09 Involuntary Criminal Sex Offender: An individual who is incarcerated under criminal sex offender charges is admitted involuntarily for evaluation or treatment.

10 Involuntary Criminal Transfer: An individual who is incarcerated with pending criminal charges is transferred to a state hospital from a correctional facility for evaluation or treatment.

11 Treatment Ordered Conditional Release: An individual who has been adjudicated NGRI and released conditionally under a court order.

12 Treatment Ordered Diversion: An individual who has been court-ordered to treatment as a term or condition of diversion from the criminal justice system.

13 Treatment Ordered Probation: An individual who has been court-ordered to treatment as a term or condition of probation.

14 Treatment Ordered Parole: An individual who has been court-ordered to treatment as a term or condition of parole.

97 Unknown (Asked but not answered)

98 Not Collected (Not asked)

Note: An individual who is ordered to the CSB for a psychological evaluation or other assessment in connection with a custody case would be recorded as 01 (Voluntary).

Purposes: Meet FBG and TEDS reporting requirements and respond to other inquiries.

No.	Data Element Name and Definition	Associated Report/File
25	**Nbr Prior Episodes Any Drug:** The number of previous episodes of care in which the individual has received any substance use disorder services, regardless of the setting (e.g., hospital, community, another state). This number reflects complete episodes of care since the individual first entered the system.	**Consumer File (Consumer.txt)**

Must match one of the values in the lookup table, lkpEpisodes. Valid codes are:

- 00 No prior episodes
- 01 One prior episode
- 02 Two prior episodes
- 03 Three prior episodes
- 04 Four prior episodes
- 05 Five or more prior episodes
- 96 Not Applicable
- 97 Unknown (Asked but not answered)
- 98 Not Collected (Not asked)

Purposes: Meet TEDS (federal SABG) reporting requirements and respond to other inquiries.

No.	Data Element Name and Definition	Associated Report/File
32	**SAPD Type:** The primary substance use disorder problem (drug of abuse) of the individual receiving services.	**Consumer File (Consumer.txt)**

Must match one of the values in the lookup table, lkpDrug. Valid codes are:

- 01 None
- 02 Alcohol
- 03 Cocaine or Crack
- 04 Marijuana or Hashish: Including THC and other cannabis sativa preparations
- 05 Heroin
- 06 Non-prescription Methadone
- 07 Other Opiates/Synthetics: Including codeine, Dilaudid, morphine, Demerol, opium, and any other drug with morphine-like effects
- 08 PCP – Phencyclidine
- 09 Other Hallucinogens: Including LSD, DMT, STP mescaline, psilocybin, or peyote
- 10 Methamphetamines
- 11 Other Amphetamines: Including Benzadrine, Dexedrine, Preludin, Ritalin, and any other "…amines" and related drugs
- 12 Other Stimulants
- 13 Benzodiazepine: Including Diazepam, Flurazepam, Chlordiazepoxide, Clorazepate, Lorazepam, Alprazolam, Oxazepam, Temazepam, Prazepam, or Triazolam,
- 14 Other Tranquilizers
- 15 Barbiturates: Including Phenobarbital, Seconal, or Nembutal
- 16 Other Sedatives or Hypnotics: Including chloralhydrate, Placidyl, Doriden, or mempromate
- 17 Inhalants: Including ether, glue, chloroform, nitrous oxide, gasoline, or paint thinner
- 18 Over the Counter: e.g., aspirin, cough syrup, over-the-counter diet aids, and any other legally obtained, non-prescription medication.
- 20 Other
- 96 Not Applicable
- 97 Unknown (Asked but not answered)

98	Not Collected (Not asked)

Purposes: Meet SABG and TEDS reporting requirements and respond to other inquiries.

No.	Data Element Name and Definition	Associated Report/File
33	**SAPD Freq Use:** The individual's frequency of use of the primary drug of abuse.	**Consumer File (Consumer.txt)**

Must match one of the values in the lookup table, lkpFrequency. Italicized language below further defines the codes. Valid codes are:

01	No use in the past month - an individual has not used any drug in past month or an individual who is not currently a user is seeking service to avoid a relapse
02	One to three times in the past month
03	One to two times per week
04	Three to six times per week
05	Daily
96	Not Applicable
97	Unknown (Asked but not answered)
98	Not Collected (Not asked)

Purposes: Meet SABG and TEDS reporting requirements and respond to other inquiries.

No.	Data Element Name and Definition	Associated Report/File
34	**SAPD Meth Use:** The individual's method of use or usual route of administration for the primary drug of abuse. Must match one of the values in the lookup table, lkpDrugMethod. Valid codes are:	**Consumer File (Consumer.txt)**

01	Oral
02	Smoking
03	Inhalation
04	Injection (IV or Intramuscular)
05	Other
96	Not Applicable
97	Unknown (Asked but not answered)
98	Not Collected (Not asked)

Purposes: Meet SABG and TEDS reporting requirements and respond to other inquiries.

No.	Data Element Name and Definition	Associated Report/File
35	**SAPD Age Use:** The age at which the individual receiving services first used the primary drug of abuse or, for alcohol, the age of the individual's first intoxication.	**Consumer File (Consumer.txt)**

There is no lookup table for this field. The age must not be older than the individual's age. Valid codes are:

00	Newborn
01 - 95	Actual Age of First Use
96	Not Applicable
97	Unknown
98	Not Collected

Purposes: Meet SABG and TEDS reporting requirements and respond to other inquiries.

No.	Data Element Name and Definition	Associated Report/File
36	**SASD Type:** The secondary substance use disorder problem (drug of abuse) of the individual receiving services.	**Consumer File (Consumer.txt)**
Valid codes are the same as the type of the individual's primary drug of abuse.		
37	**SASD Freq Use:** The individual's frequency of use of the secondary drug of abuse.	**Consumer File (Consumer.txt)**
Valid codes are the same as the frequency of use for the individual's primary drug of abuse.		
38	**SASD Meth Use:** The individual's method of use or usual route of administration for the secondary drug of abuse.	**Consumer File (Consumer.txt)**
Valid codes are the same as the method of use for the individual's primary drug of use.		
39	**SASD Age Use:** The age at which the individual receiving services first used the secondary drug of abuse, or for alcohol, the age of the individual's first intoxication.	**Consumer File (Consumer.txt)**
Valid codes are the same as the age at first use for the individual's primary drug of abuse.		
40	**SATD Type:** The tertiary substance use disorder problem (drug of abuse) of the individual receiving services.	**Consumer File (Consumer.txt)**
Valid codes are the same as for the type of the individual's primary drug of abuse.		
41	**SATD Freq Use:** The individual's frequency of use of the tertiary drug of abuse.	**Consumer File (Consumer.txt)**
Valid codes are the same as the frequency of use for the individual's primary drug of abuse.		
42	**SATD Meth Use:** The individual's method of use or usual route of administration for the tertiary drug of abuse.	**Consumer File (Consumer.txt)**
Valid codes are the same as the method of use for the individual's primary drug of use.		
43	**SATD Age Use:** The age at which the individual receiving services first used the tertiary drug of abuse or, for alcohol, the age of the individual's first intoxication.	**Consumer File (Consumer.txt)**
Valid codes are the same as the age at first use for the individual's primary drug of abuse.		
44	**Pregnant Status:** Indicates if the individual is a female with a substance use disorder who is pregnant	**Consumer File (Consumer.txt)**

Must match one of the values in the lookup table, lkpYesNo. Gender must be 01 (Female) to enter a 'Y' status. Valid codes are:

Y – Yes	X – Not Collected (Not Asked)
N – No	A – Not Applicable
U – Unknown	

Purposes: Meet FBG and Post-Partum Women (PPW) reporting requirements and respond to other inquiries.

No.	Data Element Name and Definition	Associated Report/File
45	**Female With Dependent Children Status:** Indicates if the individual identifies as is a female with a substance use disorder who is living with dependent children (ages birth through 17)	**Consumer File (Consumer.txt)**
Must match one of the values in the lookup table, lkpYesNo. Gender must be 01 (Female) to enter a 'Y' status. Valid codes are:		
Y - Yes N - No A - Not Applicable U - Unknown (Asked but not answered) X - Not Collected (Not asked)		
Purposes: Meet FBG reporting requirements and respond to other inquiries.		
47	**Nbr Of Arrests:** Number of arrests of the individual in the past 30 days preceding admission to the mental health (100) or substance use disorder services (300) with the CSB and at discharge to program area CSBs must collect and report this at intake admission to and at discharge from a program area (100,300)	**Consumer File (Consumer.txt)**
Valid codes are:		
If value is zero (no arrests within 30 days preceding admission), use "00" 00 – 31 Number of arrests 97 Unknown (Asked but not answered) 98 Not Collected (Not asked)		
Purposes: Meet FBGs, and TEDS reporting requirements and respond to other inquiries.		
48	**Service From Date:** MMDDYYYY indicating the date on which the service occurred or on which the service began within the reporting month for those services spanning more than one day.	**Service File (Service.txt)**
Must be a valid date within the current fiscal year, which starts on July 1 of one year and ends on June 30 of the following year.		
Purpose: Meet FBG and TEDS reporting requirements.		
57	**Medicaid Nbr:** The Medicaid number of the individual receiving services in the format specified by the Department of Medical Assistance Services (DMAS), only 12 numeric characters.	**Consumer File (Consumer.txt)**

Reported for individuals enrolled in Medicaid at their admission to a program area. If an individual is enrolled in Medicaid at one point, but then loses his or her Medicaid eligibility, the value in this field should continue to show the Medicaid number. If the individual's Medicaid number changes, then the new number must be transmitted. If a CSB includes formatting characters (e.g., hyphens, pound signs) in its Medicaid number, the CSB must strip them out before exporting the number to the CCS extract. Do not enter Medicaid HMO, Managed Care or Commonwealth Coordinated Care (Medicare Medicaid Dual Eligible) Project numbers in this field; reflect these coverages in the InsuranceType data elements (71-78). Enter only actual Medicaid numbers in data element 57. **Enter only the Medicaid number not the billing number for any managed care Medicaid service, do not pull from insurance field to this element, as they may not be the same.**

Purposes: Collect data for the DBHDS Annual Report and respond to other inquiries.

No.	Data Element Name and Definition	Associated Report/File
58	**Consumer First Name:** The first name of the individual receiving services, used to extract characters for input to a probabilistic matching algorithm run by the Department to generate a unique consumer Id. The full first name is not transmitted to the Department.	**Consumer File (Consumer.txt)**
	Any valid alphanumeric character.	
	Purpose: Construct unique identifier algorithm for OneSource.	
59	**Consumer Last Name:** The last name of the individual receiving services, used to extract characters for input to a probabilistic matching algorithm run by the Department to generate a unique consumer Id. The full last name is not transmitted to Department.	**Consumer File (Consumer.txt)**
	Any valid alphanumeric character. Last names with hyphens should put the individual's legal last name before the hyphen.	
	Purpose: Construct unique identifier algorithm for One Source.	
60	**Type Of Care Through Date:** MMDDYYYY indicating the ending date of a type of care.	**Type of Care File (TypeOfCare.txt)**
	Must be a valid date and must be the same date as the TypeOfCareFromDate or later. Must not be a date in the future (e.g., past the date of the extract file at the latest).	
	Purpose: Meet FBG and TEDS reporting requirements.	
61	**Type Of Care From Date:** MMDDYYYY indicating the starting date of a type of care.	**Type of Care File (TypeOfCare.txt)**
	Must be a valid date. Must not be before a previous TypeOfCareThroughDate in the same program area.	
	Purpose: Meet FBG and TEDS reporting requirements.	
62	**Service Through Date:** MMDDYYYY indicating the ending date of a service. If the service through date is the same as the ServiceFromDate; i.e. the service started and	**Service File (Service.txt)**

	ended on the same day, this value should be the same as the service from date.	

Must be a valid date and must be the same day as the ServiceFromDate or later. Must not be a date in the future (e.g., past the date of the extract file at the latest).

Purpose: Meet FBG and TEDS reporting requirements.

No.	Data Element Name and Definition	Associated Report/File
63	**Staff Id:** Indicates the local staff identification number.	**Service File (Service.txt)** **Staff Classification File (StaffClassification.txt)**

This is **a mandatory data element** supplied by the CSBs

Purpose: Provide information for quality improvement and management. STEP-VA; Peer and Family Support Services; Workforce Development, program analysis.

64	**Service Subtype:** A specific activity associated with a particular service category or subcategory for which a Service.txt file is submitted. **Pad with 0 (zero) if only two digits = required = FATAL ERROR as of October 1, 2020 (i.e. 001, 002, 022)** **For services that do not have a valid service subtype code as 996.**	**Service File (Service.txt)**

Must match one of the values in the lookup table, lkpServiceSubtype. Valid codes are:

02 Crisis Intervention Provided Under an ECO: Clinical intervention and evaluation provided by a certified preadmission screening evaluator in response to an emergency custody order (ECO) issued by a magistrate

03 Crisis Intervention Provided Under Law Enforcement Custody (a paperless ECO): Clinical intervention and evaluation provided by a certified preadmission screening evaluator to an individual under custody of a law enforcement officer without a magistrate-issued ECO

04 Independent Examination: An examination provided by an independent examiner who satisfies the requirements in and who conducts the examination in accordance with § 37.2-815 of the Code of Virginia in preparation for a civil commitment hearing

05 Commitment Hearing: Attendance of a certified preadmission screening evaluator at a civil commitment or recommitment hearing conducted pursuant to § 37.2-817 of the Code of Virginia

06 MOT Review Hearing: Attendance at a review hearing conducted pursuant to §§ 37.2-817.1 through 37.2-817.4 of the Code of Virginia for a person under a mandatory outpatient treatment (MOT) order

13 Case Management Services for Quarterly Case Management ISP Review: Services provided by a case manager for a quarterly case management ISP review in a case management service licensed by the Department –required for DD services only (Service Categories: 100/320, 200/320, 300/320)*

14 Case Management Services for Annual Case Management ISP Meeting: Services provided by a case manager for an annual case management ISP meeting in a case management service licensed by the Department –required for DD services only (Service Categories: 100/320, 200/320, 300/320)

21 Intensive Care Coordination/High Fidelity Wraparound High Fidelity Wraparound (HFW) is a team-based, collaborative planning process for developing and implementing individualized

care plans for children with behavioral health challenges and their families. HFW is an evidence-based process driven by 10 principles, four phases and a theory of change. Intensive Care Coordination is the service by which this planning process is delivered. When a Family/Youth Support Partner is involved in HFW they partner with the Intensive Care Coordinator through all phases of HFW and through their lived experience ensure that the family and youth's voice, strengths, needs and culture drive the process. ICC/HFW is ONLY for children under age 18.

22 Preadmission Screening Evaluation: An evaluation provided by a certified preadmission screening clinician to determine if individual meets the criteria for a TDO or involuntary commitment but is not subject to an ECO.

31 Peer/Family Community Based Services: nonclinical activities that engage, educate, and support an individual's/family's self-help efforts to improve recovery, resiliency, and wellness. These services are provided by peer/family supporters to help increase an individual's/family's role and meaning in communities of their choice. Services assist in the use of positive self-management techniques, problem-solving skills, coping mechanisms, symptom management, and communication strategies. Services can be delivered within varying community settings such as coffee shops, libraries, parks, the individual's/family's home, etc.

32 Peer/Family Support Employment: Peer/family support services that are strength-based, recovery-oriented and peer-led/family-led. Services support the individual in self-determining what vocational and/or educational environments they choose to pursue. Provides peer/family support for the individual in preparing to work, finding and keeping a job, and thriving in a work environment.

33 Peer/Family Housing Support: Strength-based, recovery-oriented peer/family support services focused on assisting the individual/family with meaningful choice of housing and related community-based housing support services. Peer Housing support services supports the individual in seeking, securing, and maintaining safe and appropriate housing. Services help increase an individual's role and meaning in communities of their choice.

96 Not Applicable

*CSBs must use codes 13 and 14 for developmental case management services that involve quarterly case management ISP reviews or annual case management ISP meetings, but CSBs also may use these codes for mental health or substance use disorder case management services that involve quarterly case management ISP reviews or annual case management ISP meetings. It is optional for CSBs to use these codes for MH and SUD services, but if they do not use codes 13 and 14 for mental health or substance use disorder case management services, CSBs must use Not Applicable (96).

Purposes: Provide information concerning services being required linked to core service category or subcategory, STEP-VA; Peer and Family Support Services; Crisis and/or Emergency Services, program analysis.

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No.	Data Element Name and Definition	Associated Report/File
65	**Service Location:** The location in which the service for which a Service.txt file is submitted was received by or provided to an individual. CSBs must report service location in the Service file for every service in all program areas (100, 200, and 300) and for emergency services or ancillary services (400). CSBs must collect service location at every service encounter.	**Service File (Service.txt)**

Must match one of the values in the lookup table, lkpServiceLocation. Valid codes are:

01 Consumer Residence: where the individual lives, his or her primary residence; however, if he or she lives in a CSB or CSB-contracted residential facility then enter 15. Include PROJECT LINK effective 7/1/2019 and forward for those CSBs providing PROJECT LINKservices.

02 CSB Program Site: the location in which a CSB or its contractor provides services includes Day Support Program, Psychosocial Day program. if this is where the individual lives, enter 15

03 Court: includes general district and juvenile and domestic relations courts, court services units and probation and parole offices

04 Local or Regional Jail: a facility serving adults primarily; not a Department of Corrections facility

05 Local or Regional Juvenile Detention Center: a facility serving juveniles under the age of 18 who have been committed to the facility; not a Learning Center operated by the state

06 Law Enforcement Facility: a location in the community that houses law enforcement officers; includes police stations and sheriffs' offices

07 Non-State Medical Hospital: a medical hospital licensed by but not operated by the state; includes hospitals and UVA and MCV hospitals

08 Non-State Psychiatric Hospital or Psychiatric Unit in a Non-State Medical Hospital: a psychiatric hospital or unit licensed by but not operated by the state; includes UVA and MCV, VHA and MTF facilities (same definitions as in 15 Referral Source)

09 State Hospital or Training Center: a facility operated by the Department of Behavioral Health and Developmental Services and defined in § 37.2-100 of the Code of Virginia

10 Educational Facility: includes public or private schools, community colleges, colleges, and universities(i.e., homeschooling, TTAC)

11 Assisted Living Facility: a facility licensed by the Department of Social Services that provides housing and care for individuals in need of assistance with daily living activities

12 Nursing Home: a facility certified by the Department of Health that provides services to individuals who require continuing nursing assistance and assistance with activities of daily living [note: include Virginia Veterans Care Centers (i.e., Sitter Barefoot- Richmond; Salem VA VA NF – Salem, Va); excludes HDMC and SWMHI geriatric unit – code HDMC & SWMHI under 09]

13 Shelter: a community-based facility that provides temporary housing or living space for a brief period of time to individuals who are homeless or in need of temporary sheltering; generally, does not provide any around-the-clock behavioral health or medical care and may or may not provide basic living amenities, but may provide space for meals, personal hygiene, and overnight accommodations

14 Other Community Setting (any location that is used for the provision of services other than those identified in preceding codes) includes Adult Transition homes (Crisis)

15 CSB or CSB-Contracted Residential Facility & Non-hospital residential treatment facility under 21 years of age- (i.e., Children & youth Jackson Field, UMFS, Grafton): a facility other

than a hospital, that provides psychiatric services and is supervised 24 hours daily, this does not include CSB-controlled inpatient beds

16 Congregate Residential Facilities: Provider-controlled setting where multiple individuals live together and receive care in the community.

17 Peer Run Centers (i.e., Peer Respite, Wellness Recovery Center): A service site in which a majority of persons who oversee the program's operation and are in positions under direction that have lived experience103

Not Applicable (96), Unknown (97), and Not Collected (98) are not valid codes for this data element

Purposes: Meet DOJ Settlement Agreement and grant reporting requirements. Track services to a high visibility population and respond to requests from the General Assembly, Dept. of Veteran Services and other reporting requirements.

No.	Data Element Name and Definition	Associated Report/File
66	**Military Status:** The current status of an individual who is seeking or receiving services who is serving or has served in a branch of the U.S. military or who is a dependent family member of the individual. CSBs must collect and report military status at admission to and discharge from a program area (100,200, 300, 400), annually, or when it changes and report it in the Consumer file.	**Consumer File (Consumer.txt)**

Must match one of the values in the lookup table, lkpMilitaryStatus. Valid codes are:

01 Armed Forces on Active Duty: An individual who is serving on active duty in the U.S. Army, Navy, Marine Corps, Air Force, or Coast Guard or the U.S. Public Health Service or the U.S. Merchant Marine and could include mobilized members of the Reserve or Guard

02 Armed Forces Reserve: An individual who is serving in a duty status in a unit of the U.S. Army Reserve, Naval Reserve, Marine Corps Reserve, Air Force Reserve, or Coast Guard Reserve, but currently is not mobilized

03 National Guard: An individual who is serving in a duty status in a unit of the National Guard, but currently is not mobilized

04 Armed Forces or National Guard Retired: An individual who is retired, having served on active duty as a member of the U.S. Army, Army Reserve, Navy, Naval Reserve, Marine Corps, Marine Corps Reserve, Air Force, Air Force Reserve, Coast Guard, Coast Guard Reserve, or National Guard or the U.S. Public Health Service or Merchant Marine

05 Armed Forces or National Guard Discharged: An individual who has been discharged (any type of discharge) from military service in the U.S. Army, Army Reserve, Navy, Naval Reserve, Marine Corps, Marine Corps Reserve, Air Force, Air Force Reserve, Coast Guard, Coast Guard Reserve, or National Guard or the U.S. Public Health Service or Merchant Marine.

06 Armed Forces or National Guard Dependent Family Member: An individual who is the spouse or the dependent child of an individual who is serving on active duty in, is retired from, or has been discharged from the U.S. Army, Army Reserve, Navy, Naval Reserve, Marine Corps, Marine Corps Reserve, Air Force, Air Force Reserve, Coast Guard, Coast Guard Reserve, or National Guard or the U.S. Public Health Service or Merchant Marine

96 Not Applicable (No military status)

97 Unknown (Asked but not answered)

	98 Not Collected (Not asked)

Purposes: MHBG, increase validity of numbers and accuracy in reporting Veteran and Military Service Connections. Track services to a high visibility population and respond to requests from the General Assembly and Dept. of Veteran Services.

No.	Data Element Name and Definition	Associated Report/File
70	**Social Connectedness:** The degree to which the individual receiving mental health or substance use disorder services is connected to his environment through types of social contacts that support recovery. This is measured by how often the individual has participated in any of the following activities in the past 30 days: participation in a non-professional, peer-operated organization that is devoted to helping individuals reach or maintain recovery such as Alcoholics Anonymous, Narcotics Anonymous, Secular Organization for Sobriety, Double Trouble in Recovery, or Women for Sobriety; participation in any religious or faith-affiliated recovery self-help groups; or participation in organizations that support recovery other than the organizations described above, including consumer-run mental health programs and Oxford Houses. CSBs must collect social connectedness at admission to and discharge from MH or SUD program area and **update it annually** at the annual review of the ISP for individuals who have been receiving services in the program area for one year from the date of admission.	**Consumer File (Consumer.txt)**

Must match one of the values in the lookup table, lkpSocialConnectedness. *Italicized language* further defines the codes. Valid codes are:

    01 No Participation in the Past Month
    02 Participation One to Three Times in the Past Month
    03 Participation One to Two Times per Week
    04 Participation Three to Six Times per Week
    05 Participation Daily
    96 Not Applicable - For admission to or discharge from the developmental services program area or for opening a record for emergency or ancillary services
    97 Unknown (Asked but not answered)
    98 Not Collected (Not asked)

Purpose: Meet federal SABG NOMS reporting requirements. Project LINK

| 71 | **Insurance Type 1:** The type of health insurance currently covering the individual receiving services. CSBs must collect this when a record is opened on the individual for | **Consumer File (Consumer.txt)** |

	emergency or ancillary services or an individual is admitted to a program area and update it whenever it changes. (04 & 06 are health care benefits, an option for eligible Veterans)	

01 Private Insurance - includes Blue Cross/Blue Shield/Anthem, non-Medicaid or Medicare HMOs, self-paying employer-offered insurance, or other private insurance

02 Medicare - individual is enrolled in Medicare

03 Medicaid - individual is enrolled in Medicaid (for individuals in the three Developmental Disability (DD) Waivers, enter 03 for data element 71 and 10 for data element 72)

04 Veterans Administration – Health care benefits

05 Private Pay - any payment made directly by the individual or a responsible family member or any payment by non-insurance sources, e.g., courts, social services, jails, or schools

06 Tricare (formerly known as CHAMPUS) – health care program for uniformed service members, military retirees and their families (dependents).

07 FAMIS

08 Uninsured - if the individual is not covered by any health insurance but private payments are received, enter 08 for data element 71 and 05 for data element 72

09 Other

10 Medicaid Managed Care - members in regular Medicaid, (enter 10 for data element 71 and 03 for data element 72)

11 Medicare Medicaid Dual Eligible - includes CCC+ dual eligible members (enter 11 for data element 71, 02 for data element 72, and 03 for data element 73

96 Not Applicable - use this to fill in fields when the individual receiving services has no other insurance coverage after those indicated in previous InsuranceType data elements (e.g., 71 and 72); for example, if the individual is uninsured and 08 has been entered for data element 71, use 96 for data elements 72 through 78

97 Unknown (Asked but not answered)

98 Not Collected (Not asked)

Purpose: Meet federal MHBG reporting requirements and respond to data requests (e.g., for Medicaid expansion).

72	**Insurance Type 2:** See data element 71 for definition. See data element 71 for valid codes.	**Consumer File (Consumer.txt)**
73	**Insurance Type 3:** See data element 71 for definition. See data element 71 for valid codes.	**Consumer File (Consumer.txt)**
74	**Insurance Type 4:** See data element 71 for definition. See data element 71 for valid codes.	**Consumer File (Consumer.txt)**
75	**Insurance Type 5:** See data element 71 for definition. See data element 71 for valid codes.	**Consumer File (Consumer.txt)**
76	**Insurance Type 6:** See data element 71 for definition. See data element 71 for valid codes.	**Consumer File (Consumer.txt)**
77	**Insurance Type 7:** See data element 71 for definition. See data element 71 for valid codes.	**Consumer File (Consumer.txt)**
78	**Insurance Type 8:** See data element 71 for definition. See data element 71 for valid codes.	**Consumer File (Consumer.txt)**

No.	Data Element Name and Definition	Associated Report/File
86	**School Attendance Status:** Identifies attendance (including home schooling) by all children (3-17 years old) of at least one day during the past three months; CSBs must collect and report this at admission to and discharge from <u>the mental health services program area</u> and quarterly. This also includes young adults (18- 21 years old) in special education	**Consumer File (Consumer.txt)**

Must match one of the values in the lookup table, lkpYesNo. Italicized language below further defines the codes. Valid codes are:

Y Yes - In school at least one day in past three months or if reporting period overlaps summer months
N No - No school in past three months excluding summer months
A Not Applicable - Use for individuals ages 0-2 or 18 or above unless 18-21 in special education and receiving MH services
U Unknown (Asked but not answered)
X Not Collected (Not asked)

Purpose: Meet federal MHBG reporting requirement.

No.	Data Element Name and Definition	Associated Report/File
87	**Independent Living Status:** Identifies an adult who lives independently in a private (01 in data element 23 TypeOfResidence) and is capable of self-care, who lives independently with case management or housing supports, or who is largely independent and chooses to live with others (e.g., friends, spouse, other family members) for reasons such as personal choice, culture, or finances not related to mental illness. Dependent living status means living in a private residence while being heavily dependent on others for daily living assistance. CSBs must collect this at admission to and discharge from the mental health services program areas, update it annually, and report it in the Consumer file.	**Consumer File (Consumer.txt)**

Must match one of the values in the lookup table, lkpYesNo. Italicized language below further defines the codes. Valid codes are:

Y Yes - Independent living status in a private residence
N No - Dependent living status in a private residence
A Not Applicable - Use for all children, for all adults not living in a private residence (01 in data element 23), and for all individuals admitted to the developmental or SUD program areas
U Unkown (Asked but not answered) – Also when it cannot be determined if an adult is living independently or dependently in a private residence
X Not Collected (Not asked)

Purpose: Meet FBG and TEDS reporting requirements.

Community Consumer Submission Extract Specifications: Version 7.7.1

No.	Data Element Name and Definition	Associated Report/File
88	**Housing Stability:** Identifies the number of changes in residence during a quarter by individuals admitted to the mental health or substance use disorder services program area and receiving mental health or substance use disorder case management services. CSBs must collect this at admission to and discharge from the program area and at each quarterly case management ISP review and report it in the Consumer file.	**Consumer File (Consumer.txt)**

Must match one of the values in the lookup table, lkpHousingMoves. Italicized language below further defines the codes. Valid codes are:

00 (00–95) Number of moves in the last quarter
96 Not Applicable - Use for all individuals not receiving mental health or substance use disorder case management services or for individuals who are homeless.
97 Unknown (Asked but not answered)
98 Not Collected (Not asked)

Purpose: Meet federal MHBG reporting requirement.

No.	Data Element Name and Definition	Associated Report/File
89	**Preferred Language:** Identifies the preferred language used by the individual receiving services; CSB must collect this at admission to the mental health, developmental, or substance use disorder services program area and report it in the Consumer file.	**Consumer File (Consumer.txt)**

Must match one of the values in the lookup table, lkpLanguage. Valid codes are:

01	English	10	Spanish
02	Amharic (Ethiopian)	11	Tagalog (Filipino)
03	Arabic	12	Urdu
04	Chinese (Mandarin/Cantonese/Formosan)	13	Vietnamese
05	Farsi/Persian/Dari	14	American Sign Language
06	Hindi	15	Other Language
07	Japanese	16	Non-Verbal
08	Korean	97	Unknown
09	Russian	98	Not Collected

Purposes: Meet federal standards for Culturally And Linguistically Appropriate Services and promote cultural and linguistic competency.

No.	Data Element Name and Definition	Associated Report/File
93	**Reported Diagnosis Code:** The current ICD-10 diagnosis of the individual receiving services as determined by clinical staff qualified to make such assessments or reported to CSB staff.	**Diagnosis File (Diagnosis.txt)**

Valid codes are any ICD-10 diagnosis code without the decimal point. If an individual has no diagnosis yet, a Diagnosis record is not required. However, if a CSB decides to submit a Diagnosis record when an individual has not been evaluated and the diagnosis is still undetermined, 99997 or 99998 will be accepted.

Community Consumer Submission Extract Specifications: Version 7.7.1

Purpose: Meet federal MHBG and SABG reporting requirements and report outcome measures adopted by the Department and the VACSB.

No.	Data Element Name and Definition	Associated Report/File
94	**Diagnosis Start Date:** The date the diagnosis started. CSBs must report a diagnosis start date in the Diagnosis file for any diagnosis reported in data element 93.	**Diagnosis File (Diagnosis.txt)**
	MMDDYYYY with no spaces, slashes, or special characters. Use two digits for month and day, e.g., February is 02; February 1 is 0201. This must be a valid date.	
	Purpose: Meet federal MHBG and SABG reporting requirements and report outcome measures adopted by the Department and the VACSB.	
95	**Diagnosis End Date:** The date the diagnosis ended.	**Diagnosis File (Diagnosis.txt)**
	MMDDYYYY with no spaces, slashes, or special characters. Use two digits for month and day, e.g., February is 02; February 1 is 0201. This must be a valid date.	
	Purpose: Meet federal MHBG and SABG reporting requirements.	
97	**Date of Last Complete Physical Examination:** The date on which an individual received his or her last regularly scheduled complete wellness and preventative physical examination by a medical doctor, physician assistant, or nurse practitioner. This is not a date on which the individual was seen only in response to an illness, medical condition, or injury. The case manager must collect and report this for adults with SMI receiving MH case management services whenever the date changes. If the exact date is not available or known, an estimated complete date (MMDDYYYY) is acceptable.	**Consumer File (Consumer.txt)**
	MMDDYYYY with no spaces, slashes, or special characters. Use two digits for the month and day, e.g., February is 02 and February 1 is 0201. Must be a valid calendar date and must not be a date in the future (e.g., after the date of the extract file). For all other individuals not receiving DD Waiver services or with SMI receiving MH case management services, this field should be null, unless the CSB chooses to complete this data element for those other individuals.	
	Purpose: Meet DOJ Settlement Agreement eight domains reporting requirements and report Department, VACSB outcome measures	
102	**Date of Assessment:** MMDDYYYY indicating the date on which the assessment used for the outcome occurred.	**Outcomes File (Outcomes.txt)**
	Must be a valid date within the current fiscal year, which starts on July 1 of one year and ends on June 30 of the following year.	

Community Consumer Submission Extract Specifications: Version 7.7.1

Purpose: Report outcome measures adopted by the Department and the VACSB, including Same Day Access (SDA), and STEP- VA		

103	**Assessment Action:** The type of assessment or action related to the assessment for the outcome measure. Applies to 100 and 300 program areas.	**Outcomes File (Outcomes.txt)**

Must match one of the values in the lookup table, lkpOutcomeAction. Italicized language below further defines the codes. Valid codes are:

01 Columbia Suicide Severity Rating Scale, Screener Version (6 Item Initial Screener Version) refer to Clinical Guidance Document – Required for individuals ages 6 and up at admission to 100 and 300 program areas and annually thereafter.

02 Body Mass Index (BMI) Assessment

03 BMI Follow Up Documented

04 Patient Health Questionnaire – 9 (PHQ-9) - optional

05 Same Day Access (SDA) Assessment - an individual receives a clinical behavioral health assessment, not just a screening, from a licensed or license-eligible clinician when he or she requests mental health or substance use disorder services. This does not include other assessments such as psychological or competency evaluations. When data element 103 is coded 05, code data element 104 as 01 if the assessment determined the individual needed services or 02 if it did not and data element 102 with a valid date; in either case, code data element 105 as 96

06 First Available Appointment Offered - Based on the SDA assessment, if applicable, an individual is offered an appointment in a mental health or substance use disorder service offered at the CSB that best meets his or her needs. When data element 103 is coded 06, code data element 104 as 00 and element 105 as 96 and enter the date in data element 107

07 Primary Care Screening a yearly primary care screening to include, at minimum, height, weight, blood pressure, and BMI.

08 Anti-psychotic medications prescribed by CSB practitioner (for age 3 and up)

09 Metabolic Syndrome Screening – Annual– Glucose,- hemoglobin- lipid profiles

10 ~~Referral to primary care physician *(Use 01=Yes; 02 No; 05 = individual/parent/legal guardian refused), for all other physicians other than primary care physicians use code 13; Referral Destinations lkpReferralDestination use 13*~~

11 ~~Individual Attended PCP Appointment follow referral outside normal range (05 Individual/legal guardian refused)~~

12 DLA -20 enter new composite score

13 Referral Destination -use lkpRreferralDestination in Appendix H

14 Tuberculosis at Risk Screening for any admission to 300 program area only

Purpose: Report outcome measures adopted by the Department and the VACSB, including SDA, STEP-VA and FBG reporting requirements

No.	Data Element Name and Definition	Associated Report/File
104	**Assessment Value:** The numeric value of the assessment.	**Outcomes File (Outcomes.txt)**
If field 103 is:		Then field 104 must be one of the following values:

01	Columbia Suicide Severity Rating Scale, Screener Version (6 Item Initial Screener Version) see Clinical Guidance Document	03 Low 04 Medium 05 High
02	Body Mass Index (BMI) Assessment	000.0-999.9 – BMI Assessment Score - the five - character numeric BMI score including the decimal point
03	BMI Follow Up Documented	01 Yes 02 No
04	Patient Health Questionnaire - 9 (PHQ-9) (optional)	00 – 27 PHQ-9 Score - the two-character numeric PHQ-9 score - optional
05	Same Day Access (SDA) Assessment	01 Yes, Assessment determined the individual needed services 02 No, Assessment determined the individual does not need service
06	First Available Appointment Offered	Based on the SDA assessment, if applicable, an individual is offered an appointment in a mental health or substance use disorder service offered at the CSB that best meets his or her needs. When data element 103 is coded 06, code data element 104 as 00 and element 105 as 96 and enter the date in data element 107
07	Primary Care Screening Done	02 No 03 Yes, screening values not within normal 04 Yes, screening values within normal 05 No, legal guardian or individual refused
08	Antipsychotic Medication Use	01 Yes 02 No
09	Metabolic Syndrome Screening	02 No 03 Yes, screening values not within normal ranges 04 Yes, screening values within normal ranges; 05 No, individual/legal guardian refused 06 Yes, referred for screening, results pending
~~11~~	~~Individual Attended PCP Appointment~~	~~01 Yes~~ ~~02 No~~ ~~05 No, individual/legal guardian refused~~
12	DLA -20 New Composite Score (technical note only pad with zeros)	1.0-7.0
13	Referral Destination	Use value from Data Element lkpReferralDestination (see Appendix G)
14	Tuberculosis (300 program area only)	01 Screening completed/referred to public health dept. (use lkpReferralDestination; Mark Referral Destination 13 with 22) 02 Screening completed/not referred
Purpose: Report BG outcome measures adopted by the Department, the VACSB. STEP-VA.		

No.	Data Element Name and Definition	Associated Report/File
105	**Assessment Frequency:** The frequency of the outcome assessment or action. (optional field)	**Outcomes File (Outcomes.txt)**

Must match one of the values in the lookup table, lkpOutcomeFreq. Valid codes are:

01	Initial	05	Discharge
02	Monthly	06	Other
03	Quarterly	96	Not Applicable - *Use when frequency is not applicable.*
04	Annual		

Purpose: Report outcome measures adopted by the Department and the VACSB, STEP-VA; DLA -20

No.	Data Element Name and Definition	Associated Report/File
106	**Service Modality:** This identifies how a service with a service hour unit of service (service codes 100, 310, 312, 313, 318, 320, 335, 350, 390, 460, 581, 620, and 720) is delivered: face-to-face or non-face-to-face. CSBs must report service modality for all services with a service hour unit of service	**Service File (Service.txt)**

Must match one of the values in the lookup table lkpServiceMod. Valid codes are:

01 Face-to-Face Service In-Person - staff deliver the service to the individual face-to-face in-person.

02 Non-Face-to-Face Service - staff provide collateral contacts, contacts not involving the individual. CSBs must report all mental health and developmental prevention service hours as 02 since they are reported using the z-consumer function (see page 22 of Services Taxonomy 7.3).

03 Face-to-Face Service Virtual – staff deliver the service virtually with both video and audio directly to the individual

04 Audio Only Service – staff deliver the service via phone/audio connection only directly to the individual

96 Not Applicable - *use for any service with a service unit of a bed day, day of service, or day support hour.*

Purpose: Report outcome measures adopted by the Department and the VACSB, including SDA.

No.	Data Element Name and Definition	Associated Report/File
107	**Related Date: only used for Same Day Assessment (SDA)** A date related to an outcome measure. MMDDYYYY indicating the date on which an event related to an outcome occurred. *Currently, CSBs should use this data element only when data element 103 is coded 06 for First Available Appointment Offered – this date must be completed even if offered and attended are the same day. Otherwise, leave this field blank (NULL).*	**Outcomes File (Outcomes.txt)**

Must be a valid date.

lkpOutcomeAction

Purpose: Report outcome measures adopted by the Department and the VACSB, including SDA.

No.	Data Element Name and Definition	Associated Report/File
108	**Transaction ID:** A number that uniquely identifies each record in each service, type of care, diagnosis, or outcomes file in each CCS submission; this is not a data element for Consumer records	**Type of Care File (TypeOfCare.txt)** **Service File (Service.txt)** **Diagnosis File (Diagnosis.txt)** **Staff Classification File (StaffClassification.txt)** **Consumer File (Consumer.txt)**

Must be all numeric characters; use leading zeros to complete the field.

Purpose: Used to track records from individual CSBs in the Department's OneSource data warehouse for data quality purposes.

No.	Data Element Name and Definition	Associated Report/File
110	**Staff classification –** The classification correlating to StaffID, and related to peer support services, family support services and Crisis or STEP-VA programs for the purposes of CCS	**Staff Classification File (StaffClassification.txt)**

Identify as appropriate for Type of Service, per lkpStaffClassification – related to CSB – Staff ID (63)

01 Peer Supporter - Person with personal lived experience with mental health and/or substance use challenges.

02 Family Supporter - Person with personal lived experience with a family member with mental health and/or substance use disorders.

03 Peer Supporter-Trained: Person with personal lived experience. Successful completion of 72 hours (60 classroom hours) of training required by DBHDS. Person is not certified or registered.

04 Family Supporter-Trained: Person with personal lived experience supporting a family member with mental health and/or substance use challenges. Successful completion of 72 hours (60 classroom hours) of training required by DBHDS. Person is not certified or registered.

05 Peer Recovery Specialist (PRS): Peer recovery specialist or "PRS" means a person who has the qualifications, education, and experience established by DBHDS as set forth in 12VAC35-250. Maintains certification in good standing by a certifying body recognized by DBHDS as set forth in 12VAC35-250. Person is not registered.

06 Family Support Partner: Family Support Partner means a PRS that provides support to the caregiver of a Medicaid-eligible member under age 21 with a mental health and/or substance use challenge. Maintains certification in good standing by a certifying body recognized by DBHDS as set forth in 12VAC35-250. Person is not registered.

07	Peer Recovery Specialist – R (Registered): Peer Recovery Specialist (as defined in 12VAC35-250) who has registered with the Virginia Board of Counseling. Certified Peer Recovery Specialist (as defined in 12VAC35-250) who has registered with the Virginia Board of Counseling. In addition, person is required to be registered by Department of Health Professions – Board of Counseling. (DHP/BOC)	
08	Family Support Specialist – R (registered): Family Support Partner who is a PRS (as defined in 12VAC35-250) who has registered with the Virginia Board of Counseling. Certified Family Support Partner (as defined in 12VAC35-250) who has registered with the Virginia Board of Counseling. Person is required to be Family Support Partner – Certified by Virginia.	
96	not applicable	

Purpose: Report outcome measures adopted by the Department and the VACSB, including SDA.

No.	Data Element Name and Definition	Associated Report/File
111	**Gender Identity:** *What is your gender identity?* Capture utilization of services for underserved populations and how the person identifies their gender, lkpGenderIdentity	**Consumer File (Consumer.txt)**

1	Female
2	Male
3	Female-to-Male (FTM)/Transgender Male/Trans Man
4	Male-to-Female (MTF)/Transgender Female/Trans Woman
5	~~Undefined~~ (Retired FY22)
6	Additional Gender Category/ Other
7	Decline to answer
8	Gender non-conforming
97	Unknown (Asked but not answered);
98	Not collected (not asked)

Purpose: Report BG requirements.

112	**Classification Start Date -**optional	**Staff Classification File (StaffClassification.txt)**

Intentionally left blank

Purpose: Report outcome measures adopted by the Department and the VACSB, for Peer and Family Support Services and Crisis

Format: MMDDYYYY

113	**Classification End Date -** optional	**Staff Classification File (StaffClassification.txt)**

Intentionally left blank

Purpose: Report outcome measures adopted by the Department and the VACSB, for Peer and Family Support Services and Crisis

Format: MMDDYYYY

114	Healthcare Common Procedure Coding System (HCPCS) – An alphanumeric coding used by CMS to identify specific services types. Field Length 5 characters.	Service File (Service.txt)
H0036	Crisis Intervention	
H2019	Crisis Stabilization	
S9482	Crisis Stabilization (Procedure Code)	
H0025	MH Peer Support Individual	
H0024	MH Peer Support Group	
H2011	Mobile Crisis	
H2018	Residential Crisis Stabilization	
T1012	SA Peer Support Individual	
S9445	SA Peer Support Group	
Purpose: To identify specific service types required for DOJ and STEP-VA Implementation		

Discontinued Elements Table

The preceding table displays data elements in numerical sequence. However, some data element numbers are missing in that sequential listing because the associated data elements have been discontinued. The following table lists discontinued data elements. Data elements that are discontinued/retired should be reported as NULL.

No.	Data Element	No.	Data Element	No.	Data Element
1	Transaction Activity Code	52	Axis I Code 3	92	Employment Outcomes
4	CSB Admission Date	53	Axis Code 4	96	Discussion of Last Completed Physical
6	Service Enrollment Date	54	Axis I Code 5		
9	Service Release Date	55	Axis I Code 6	98	Discussion of Last Scheduled Dental Examination
11	CSB Discharge Date	56	Consumer Service Hours	99	Date of Last Scheduled Dental Examination
13.b	Cognitive Delay	67	Military Service Start Date	100	Community Engagement Discussion
20	Co-Dependent	68	Military Service End Date	101	Community Engagement Goals
26	Axis I Code 1	69	Marital Status	109	Medicare BI
27	Axis II Code 2	79	Date Need for MH Services		
28	Axis II Primary	80	Date Need for SUD Services		
29	Axis II Secondary	81	Health Well-Being Measure		
30	Axis III	82	Community Inclusion Measure		
31	Axis V	83	Choice and Self-Determination Measure		
46	Days Waiting to Enter Treatment	84	Living Arrangement Measure		
49	Authorized Representative	85	Day Activity Measure		
50	Medicaid Status	90	ECM Case Management		
51	Date of Last Direct SA Service	91	Employment Discussion		

Appendix C: Data Collection Matrix

When is Data Collected?

In CCS, data elements are collected at different steps of the individual's involvement with the CSB. There are two major steps from the standpoint of data extracts:

- Case Opening, and
- Type of Care event, for example, at admission to or at discharge from a program area.

Many data elements also must be **updated whenever they change or at least annually**.

Case Opening

This step occurs when a CSB determines that it can serve an individual, and it opens a case for the individual. This step requires submission of some of the data elements in the Consumer File table and all of the data elements in the Services file table (Appendix B), but it does not require submission of the event itself in a TypeOfCare file. CSBs must collect the data elements listed in the following table at case opening, although other elements may be collected. A CSB opens a case when it provides emergency or ancillary services (motivational treatment, consumer monitoring, assessment and evaluation, or early intervention services); then the CSB must collect these data elements.

Admission to or Discharge from a Program Area (Type of Care event)

When an individual is admitted to or discharged from a program area, a CSB must continue to report and update when necessary, the data elements from the case opening step as well as additional italicized elements in the table.

Data Collection Matrix Table				
No.	**Data Element**	**Case Opening**	**Admission to Program Area**	**Discharge from Program Area**
2	AgencyCode	Y	Y	Y
3	ProgramAreaId*	Y	Y	Y
5	ServiceCode	Y	Y	Y
7	ConsumerId (CSB identifier)	Y	Y	Y
8	SSN	Y	Y	Y
10	Units	Y	Y	Y
12	DischargeStatus	N	Y	Y
13a	SMISEDAtRisk	N	Y	Y
14	CityCountyResidenceCode	Y	Y	Y
15	ReferralSource	Y	Y	Y
16	DateOfBirth	Y	Y	Y
17	Gender	Y	Y	Y
18	Race	Y	Y	Y
19	HispanicOrigin	Y	Y	Y
21	EducationalLevel	N	Y	Y
22	EmploymentStatus	N	Y	Y
23	TypeOfResidence	N	Y	Y
24	LegalStatus	Y	Y	Y

25	NbrPriorEpisodesAnyDrug	N	Y	Y

Data Collection Matrix Table (cont.)				
No.	**Data Element**	**Case Opening**	**Admission to Program Area**	**Discharge from Program Area**
32-43	SA Primary, Secondary, and Tertiary Drug	N	Y	Y
44	PregnantStatus	Y	Y	Y
45	FemaleWithDependentChidrenStatus	N	Y	Y
47	NbrOfArrests	N	Y	Y
48	ServiceFromDate	Y	Y	Y
57	MedicaidNbr	N	Y	Y
58	ConsumerFirstName	Y	Y	Y
59	ConsumerLastName	Y	Y	Y
60	TypeOfCareThroughDate	N	Y	Y
61	TypeOfCareFromDate	N	Y	Y
62	ServiceThroughDate	Y	Y	Y
63	StaffId	N	Y	Y
64	Service Subtype	Y	N	N
65	Service Location	Y	N	N
66	Military Status	Y	N	N
70	SocialConnectedness	N	Y	Y
71	InsuranceType1	Y	Y	Y
72	InsuranceType2	Y	Y	Y
73	InsuranceType3	Y	Y	Y
74	InsuranceType4	Y	Y	Y
75	InsuranceType5	Y	Y	Y
76	InsuranceType6	Y	Y	Y
77	InsuranceType7	Y	Y	Y
78	InsuranceType8	Y	Y	Y
86	SchoolAttendance	N	Y	Y
87	IndependentLiving	N	Y	Y
88	HousingStability	N	Y	Y
89	Preferred Language	N	Y	Y
93	ReportedDiagnosisCode	Y	Y	Y
94	DiagnosisStartDate	Y	Y	Y
95	DiagnosisEndDate	N	Y	Y
102	Date of Assessment	N	Y	Y
103	Assessment Action	N	Y	Y
104	Assessment Value	N	Y	Y
105	Assessment Frequency	N	Y	Y
106	ServiceModality	Y	Y	Y
107	Related Date	N	Y	Y
108	Transaction ID	Y	Y	Y
110	Staff Classification	N	Y	Y
111	Gender Identity	Y	Y	Y
112	Classification Start Date	N	Y	Y
113	Classification End Date	N	Y	Y

114	Healthcare Common Procedure Coding System (HCPCS)	N	Y	Y

Discontinued (FY22)				
No.	Data Element	Case Opening	Admission to Program Area	Discharge from Program Area
81	HealthWellBeingMeasure	N	Y	Y
82	CommunityInclusionMeasure	N	Y	Y
83	ChoiceandSelf-DeterminationMeasure	N	Y	Y
84	LivingArrangementMeasure	N	Y	Y
85	DayActivity	N	Y	Y
91	Employment Discussion	N	Y	Y
92	EmploymentOutcomes	N	Y	Y
96	DiscussionofLastCompletePhysical	N	Y	Y
97	DateofLastCompletePhysicalExam	N	Y	Y
98	DiscussionofLastScheduledDental	N	Y	Y
99	DateofLastScheduledDentalExam	N	Y	Y
101	Community Engagement Goals	N	Y	Y
109	Medicare Beneficiary Identifier Number	Y	N	N

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Data Element and Program Area Cross Reference Table

Different data elements apply to and are collected for different program areas, as shown in the following table. Data elements that are collected for emergency or ancillary services are listed in the **CCS Data Elements Collected at Case Opening (table on page XX)**

Data Element and Program Area Cross-Reference Table				
Element No.	Data Element	Mental Health	Substance Use Disorder	Developmental
2	AgencyCode	Y	Y	Y
3	ProgramAreaId	Y	Y	Y
5	ServiceCode	Y	Y	Y
7	ConsumerId (CSB identifier)	Y	Y	Y
8	SSN	Y	Y	Y
10	Units	Y	Y	Y
12	DischargeStatus	Y	Y	Y
13a	SMISEDAtRisk	Y	Y	N
14	CityCountyResidenceCode	Y	Y	Y
15	ReferralSource	Y	Y	Y
16	DateOfBirth	Y	Y	Y
17	Gender	Y	Y	Y
18	Race	Y	Y	Y
19	HispanicOrigin	Y	Y	Y
21	EducationLevel	Y	Y	Y
22	EmploymentStatus	Y	Y	Y
23	TypeOfResidence	Y	Y	Y
24	LegalStatus	Y	Y	Y
25	NbrPriorEpisodesAnyDrug	Y	Y	N
32-43	SA Primary, Secondary, and Tertiary Drug	Y	Y	N
44	PregnantStatus	Y	Y	N
45	FemaleWithDependentChildrenStatus	N	Y	N
47	NbrOfArrests	Y	Y	N

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	Data Element and Program Area Cross-Reference Table (cont.)			
Element No.	**Data Element**	**Mental Health**	**Substance Use Disorder**	**Developmental**
48	ServiceFromDate	Y	Y	Y
57	MedicaidNbr	Y	Y	Y
58	ConsumerFirstName	Y	Y	Y
59	ConsumerLastName	Y	Y	Y
60	TypeOfCareThroughDate	Y	Y	Y
61	TypeOfCareFromDate	Y	Y	Y
62	ServiceThroughDate	Y	Y	Y
63	StaffId	Y	Y	Y
64	ServiceSubtype	Y	Y	Y
65	ServiceLocation	Y	Y	Y
66	MilitaryStatus	Y	Y	Y
70	SocialConnectedness	Y	Y	N
71	InsuranceType1	Y	Y	Y
72	InsuranceType2	Y	Y	Y
73	InsuranceType3	Y	Y	Y
74	InsuranceType4	Y	Y	Y
75	InsuranceType5	Y	Y	Y
76	InsuranceType6	Y	Y	Y
77	InsuranceType7	Y	Y	Y
78	InsuranceType8	Y	Y	Y
86	SchoolAttendanceStatus	Y	N	N
87	IndependentLivingStatus	Y	N	N
88	HousingStability	Y	Y	N
89	PreferredLanguage	Y	Y	Y

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	Data Element and Program Area Cross-Reference Table (cont.)			
Element No.	**Data Element**	**Mental Health**	**Substance Use Disorder**	**Developmental**
93	ReportedDiagnosisCode	Y	Y	Y
94	DiagnosisStartDate	Y	Y	Y
95	DiagnosisEndDate	Y	Y	Y
102	Date of Assessment	Y	Y	N
103	Assessment Action	Y	Y	N
104	Assessment Value	Y	Y	N
105	Assessment Frequency	Y	Y	N
106	Service Modality	Y	Y	Y
107	Related Date	Y	Y	N
108	Transaction ID	Y	Y	Y
110	Staff Classifications (related to STEP-Va)	Y	Y	Y
111	Gender Identity	Y	Y	Y
112	Classification Start Date	Y	Y	Y
113	Classification End Date	Y	Y	Y
114	Healthcare Common Procedure Coding System (HCPCS)	Y	Y	Y

Appendix D: Business Rules

Business rules enforce the policies and procedures specified by an organization for its processes. The complete set of current CCS Business Rules is incorporated by reference into these Extract Specifications (see Appendix E), and they are contained in the current release of the CCS application. These rules establish acceptable parameters and validation criteria for CCS data elements and describe error- checking routines and operations. Data quality review is performed outside of the CCS via manual processes and ancillary data analysis tools. CSB staff and IT vendors responsible for implementing CCS should review and must adhere to these business rules.

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Extract Record Values General

CSBs must validate all field values in CCS 3 extract files before they submit their extracts to the Department. Invalid data fields will produce fatal errors that will cause a record in a file to be rejected.

Dates

All dates must be valid and must be entered in the format MMDDYYYY with no slashes, spaces, or special characters. Leading zeroes must be supplied for single digit days and months, *e.g.*, February 1 is 0201. Century values must be greater than or equal to 1900. There must not be a month value greater than 12, and there must not be a day value greater than 31.

CCS 3 Unknown Value Codes

The CCS 3 Extract Specifications, in an attempt to improve the data quality of extracts, clarifies the meaning of certain field codes for situations when the value of a field is not clear. In these specifications, they are called unknown values. In the past, CCS used codes 96, 97, and 98 to indicate Not Applicable, Unknown, and Not Collected, as well as allowing blanks or missing values. These codes were introduced in earlier versions of the CCS, but their use is standardized in CCS 3. These distinctions may seem subtle, but they are important for reporting clearly and unambiguously. There are four categories into which unknown values can be placed: Blanks, Not Applicable, Unknown, or Not Collected.

Blanks (NULL)

There are certain fields for which there is no extract value. The value would be applicable and could be known if collected; however, clinical circumstances dictate that a value cannot always be supplied. An example is social security number (SSN); some individuals may not have an SSN.

These fields can be left blank (NULL) on the initial extract; i.e., they can be left out.

These fields must not be filled with spaces. In the extract file, they will be indicated by two consecutive commas. For example, if there were three fields in a row, but the value for the second field was blank (NULL), then the extract would look like this: value1, value3.

Note that if a blank value is to be used at the end of an extract file, there must be a comma representing that blank, shown as: ,, at the end of the file. Omitting the comma will cause the extract to ignore the value completely, meaning the blank will not be recorded.

Not Applicable (96)

There are certain fields where a value is nonsensical or not applicable; for example, FemaleWithDependentChildrenStatus does not make sense for a male. Also, a male cannot be pregnant. Thus, the CSB would enter a value of *not applicable*. The values of *not applicable* depend on the size of the field in which it is being used, as shown in the following table.

Single byte field	'A' for not applicable	Four byte field	'9996'
Two byte field	'96'	Five or more bytes	'99996'
Three byte field	'996'		

There are some fields in CCS 3 where the value is built into or provided by the known code, so that the 96 code does not apply. For example, an individual has to have a type of residence of some sort (data element 23), and there are codes built into the lkpResidence table to identify the possible types. Thus, if the individual is homeless or lives in a homeless shelter, then code 13 indicates that. However, the values of 97 and 98, Unknown and Not Collected, may still apply. Another example is education level (data element 21); there is a code in lkpEducation to indicate that the individual never attended school (01), so the code for *not applicable* is not needed.

Unknown (97: Asked but not answered)

A value may be applicable in a certain situation, but the value may not be known. Staff attempted to collect the information, but it could not be obtained. In the preceding example, if the individual were female, then she could have a dependent child, or she could be pregnant. Thus, *not applicable* would not be appropriate for this situation. However, if staff asked for this information, but the individual did not provide it or it was otherwise not available, then *unknown* would be the appropriate value. The values of *unknown* depend on the size of the field in which it is being used, as shown in the following table.

Single byte field	'U' for not applicable	Four byte field	'9997'
Two byte field	'97'	Five or more bytes	'99997'
Three byte field	'997'		

Not Collected (98: Not asked)

There are other situations where the most accurate description of a value indicates that it was not collected; i.e., there was no attempt to collect the information. This is different from the *unknown* code. Not collected indicates that the value would be applicable, and could be known, but its value was not obtained at the time of the extract. Note that this is different from a blank value, which is an acceptable value on some fields. However, if there is a code in the lookup table for Not Collected, then that value should be used instead of a blank.

The values of *not collected* depend on the size of the field in which it is being used:

Single byte field	'X' for not collected	Four byte field	'9998'
Two byte field	'98'	Five or more bytes	'99998'
Three byte field	'998'		

Appendix E: FY 2020 Valid CCS Services Table for Data Element 10

This table displays the ProgramAreaId, ServiceCode, service name, and unit of service for each service that CSBs can report as a valid service in CCS.

Program Area Id	Service Code	Service Name	Unit of Service	Service File	NC Service File
Emergency and Ancillary Services (Case Opening)						
400	100	Emergency Services	Service Hour	X	X
400	318	Motivational Treatment Services	Service Hour	X	X
400	390	Consumer Monitoring	Service Hour	X	X
400	720	Assessment and Evaluation Services	Service Hour	X	X
400	620	Early Intervention Services	Service Hour	X	X
Services Available at Admission to a Program Area						
Case Management Services						
100	320	Case Management Services	Service Hour	X	X
200	320	Case Management Services	Service Hour	X	X
300	320	Case Management Services	Service Hour	X	X
Day Support (DS) Services						
100	410	Day Treatment or Partial Hospitalization	DS Hour	X	
300	410	Day Treatment or Partial Hospitalization	DS Hour	X	
100	425	Rehabilitation	DS Hour	X	
200	425	Habilitation	DS Hour	X	
300	425	Rehabilitation	DS Hour	X	
Employment Services						
100	430	Sheltered Employment	Service Day	X	
200	430	Sheltered Employment	Service Day	X	
300	430	Sheltered Employment	Service Day	X	
100	460	Individual Supported Employment	Service Hour	X	X
200	460	Individual Supported Employment	Service Hour	X	X
300	460	Individual Supported Employment	Service Hour	X	X
100	465	Group Supported Employment	Service Day	X	
200	465	Group Supported Employment	Service Day	X	
300	465	Group Supported Employment	Service Day	X	
Inpatient Services						
100	250	Acute Psychiatric Inpatient Services	Bed Day	X	
300	250	Acute Substance Use Disorder Inpatient Services	Bed Day	X	
300	260	Community-Based Substance Use Disorder Medical Detoxification Inpatient Services	Bed Day	X	
Outpatient Services						
100	310	Outpatient Services	Service Hour	X	X
200	310	Outpatient Services	Service Hour	X	X
300	310	Outpatient Services	Service Hour	X	X
100	312	Medical Services	Service Hour	X	X
200	312	Medical Services	Service Hour	X	X
300	312	Medical Services	Service Hour	X	X
300	313	Intensive Outpatient	Service Hour	X	X
300	335	Medication Assisted Treatment Services	Service Hour	X	X
100	350	Assertive Community Treatment	Service Hour	X	X

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		Prevention Services			
100	610	Developmental Health Prevention Services	Service Hour	X	X
200	610	Developmental Health Prevention Services	Service Hour	X	X
Residential Services					
100	501	Highly Intensive Residential Servies NOTE: MH residential	Bed Day	X	
200	501	Highly Intensive Residential Servies NOTE: MH residential	Bed Day	X	
300	501	Highly Intensive Residential Servies NOTE: MH residential	Bed Day	X	
100	510	Residential Crisis Stabilization Services	Bed Day	X	
200	510	Residential Crisis Stabilization Services	Bed Day	X	
300	510	Residential Crisis Stabilization Services	Bed Day	X	
100	521	Intensive Residential Services	Bed Day	X	
200	521	Intensive Residential Services	Bed Day	X	
300	521	Intensive Residential Services	Bed Day	X	
100	551	Supervised Residential Services	Bed Day	X	
200	551	Supervised Residential Services	Bed Day	X	
300	551	Supervised Residential Services	Bed Day	X	
100	581	Supportive Residential Services	Service Hour	X	X
200	581	Supportive Residential Services	Service Hour	X	X
300	581	Supportive Residential Services	Service Hour	X	X
Day Support (DS) Services					
100	410	Day Treatment or Partial Hospitalization	DS Hours	X	
300	410	Day Treatment or Partial Hospitalization	DS Hours	X	
100	425	Rehabilitation	DS Hours	X	
200	425	Habilitation	DS Hours	X	
300	425	Rehabilitation	DS Hours	X	
Discontinued					
100	420	Ambulatory Crisis Stabilization Services – **Retired FY 2021**	Service Hour	X	
200	420	Ambulatory Crisis Stabilization Services – **Retired FY 2021**	Service Hour	X	
300	420	Ambulatory Crisis Stabilization Services – **Retired FY 2021**	Service Hour	X	
400	730	Consumer Run Services	**Not Reported**	N/A	N/A

Appendix F: CCS User Acceptance Testing (UAT) Process

The Process is included in these extract specifications for ease of reference. UAT measures the quality and usability of an application. Several factors make UAT necessary for any software development or modification project, especially for complex applications like CCS or the Waiver Management System (WaMS) that interface with many IT vendor-supplied data files and are used by many different end users in different ways.

1. UAT reduces the cost of developing the application. Fixing issues before the application is released is always less expensive in terms of costs and time.
2. Ensuring the application works as expected. By the time an application has reached the UAT process, the code should work as required. Unpredictability is one of the least desirable outcomes of using any application.

In the UAT process, end users test the business functionality of the application to determine if it can support day-to-day business practices and user scenarios and to ensure the application is correct and sufficient for business usage. The CSBs and Department will use the following UAT process for major new releases of CCS, WaMS, or other applications that involve the addition of new data elements or reporting requirements or other functions that would require significant work by CSB IT staff and vendors. All days in the timeframe are calendar days. Major changes in complex systems such as CCS or WaMS shall occur only once per year at the start of the fiscal year and in accordance with the testing process below. Critical and unexpected changes in WaMS may occur outside of this annual process, but the Department will use the UAT process to implement them.

Department and CSB User Acceptance Testing Process	
Time Frame	**Action**
D Day	Date data must be received by the Department (e.g., 8/31 for CCS monthly submissions and 7/1 for WaMS).
D – 15	The Department issues the final version of the new release to CSBs for their use.
D – 20	UAT is completed and application release is completed.
D – 35	UAT CSBs receive the beta version of the new release and UAT begins
D – 50	CSBs begin collecting new data elements that will be in the new release. Not all releases will involve new data elements, so for some releases, this date would not be applicable.
D – 140	The Department issues the final revised specifications that will apply to the new release. The revised specifications will be accompanied by agreed upon requirements specifications outlining all of the other changes in the new release. CSBs use the revised specifications to modify internal business practices and work with their IT vendors to modify their EHRs and extracts.
Unknown	The time prior to D-150 in which the Department and CSBs develop and negotiate the proposed application changes. The time needed for this step is unknown and will vary for each new release depending on the content of the release.

Shorter processes that modify this UAT process will be used for minor releases of CCS or other applications that involve small modifications of the application and do not involve collecting new data elements. For example, bug fixes or correcting vendor or CSB names or adding values in existing look up tables may start at D-35.

Appendix G: Look up Table for Referral Destination

Referral Destination - for lkpReferralDestination table: The person, agency, or organization the CSB made a referral for the individual for evaluation, treatment and/or other services (i.e. refers to external CSB partners) * *with exception of primary care services. This is not a fatal error*

Referral Destination							
Child/youth (BH, SUD, DD):		**BH:**		**ALL: Any Ages**		**Veterans/Dependent Family as applicable:**	
01	School System of Educational Authority	05	Other Behavioral Health Provider, including Health Dept.	09	Developmental Disabilities (DD) Services Care Provider	19	Federal Veterans Health Administration (VHA) facilities including Veteran Affairs (VA) Medical Centers, Community Living Centers, and/or Domiciliary (homeless services) programs
02	Part C Provider (NOTE: 29 are CB operated & 11 external partner programs)	06	School system or Educational Authority	10	Intermediate Care Facilities for intellectual Disabilities (IFC/IID)-includes SEVTC,CVTC	20	Virginia Department of Veteran Services (DVS)
03	Psychiatric Residential Treatment (PRTF)	07	Private MH/SUD Outpatient Practitioner	11	Private Hospital	21	Military Treatment Facility (MTF)
04	Family Assessment and Planning Team/CSA Office	08	State Operated Hospital*	12	Other Virginia CSB/BHA	22	Public Health Department (based on TB screening-Element# 103, action 14)
				13	Department for Aging and Rehabilitative Services (DARS)	23	Primary Care Physician
				14	Department of Social Services – for ALF or referral for NF assessment		
				15	State Probation and Parole, Court system/criminal justice system		
				16	Specialty Provider/		

					Clinician External not associated with the CSB		
				17	Residential Substance Abuse Treatment Facility		
				18	Nursing Facility		

Appendix H: Values for Elements 102, 103 and 104

The following guidance is provided by DBHDS, at the request of the VACSB Quality and Outcomes Committee (Q & O) and the Data Management Committee (DMC), to give guidance and parameters for the CSBs and their E.H.R.s for the data collection extract consistency. The following charts are provided in addition to the information in Extract 7.6 for Elements 102, 103 and 104.

Element 102: Enter Date of Assessment for Ages 3 and up for the following elements in 104: 05 Same Day Access; 07 Primary Care Screening *Yearly;* 08 Anti- psychotic medication prescribed by CSB Practitioner; 09 Metabolic Syndrome Screening: Annual Glucose, hemoglobin- lipid profiles; 10- Referral to primary care physician (Code: 01 = yes; and 02 – No, 05 = individual/parent/legal guardian refused) for all other physicians other than primary care physicians use code 13, Referral Destination.

Element 103: Assessment Action: The type of assessment or action related to the assessment for the outcome measure. LkpOutcomeAction.

Element 104: Assessment Value: use leading zeros to complete the field to text of 5 – precede field code with 000. The following is excerpted from the 7.6 CCS Extract

If field 103 is:	Then field 104 must be one of the values below
04 Patient Health Questionnaire - 9 (PHQ-9)	00 – 27 PHQ-9 Score - *the two-character numeric PHQ-9 score - optional*
07 Primary Care Screening Done	02 No 03 Yes, screening values not within normal ranges 04 Yes, screening values within normal ranges; 05 No, legal guardian or individual refused
08 Antipsychotic Medication Use	01 Yes 02 No
~~09 Metabolic Syndrome Screening~~	~~02 No~~ ~~03 Yes, screening values not within normal ranges~~ ~~04 Yes, screening values within normal ranges;~~ ~~05 No, individual/legal guardian refused~~ ~~06 New Metabolic Screening~~
12 DLA -20 New Composite Score *(technical note only pad with zeros)*	1.0-7.0
13 Referral Destination	Use value from Data Element lkpReferralDestination (see Specifications)
14 Tuberculosis (300 program area only)	01 Screening completed/referred to public health dept. (use lkpReferralDestination; Mark Referral Destination 13 with 22)

	02 Screening completed/not referred

Discontinued Elements	
No.	Description
10	Referred to Primary Care Physician (PCP)

CCS Extract: Elements # 102, 103, 104, and Parameters

Population	102 Date of Assessment	103 Assessment Action		104 Assessment Values	Enter
Adults: Ages 18 & up (reference Appendix J) Child Suicide Risk Assessment ages 6-17 100 & 300 services	Enter Date	01	Columbia Suicide Severity Rating Scale, Screener Version	03 Low 04 Medium 05 High	
Ages 18 years of age and older and receiving MH medical services (312) (reference Appendix H)	Enter Date	02	Body Mass Index (BMI) Assessment	*00.0-99.9 - BMI Assessment Score - the three-character numeric BMI score including the decimal point;*	
Reference Appendices G & J; at least 18 years of age; 100/312	Enter Date	03	BMI Follow up documented	00 None 01 Yes 02 No	
	Enter Date	04	Patient Health Questionnaire - 9	*00 - 27 PHQ-9 Score - the two-character numeric PHQ-9 score*	
Element 103: an individual receives a clinical behavioral health assessment, not just a screening, from a licensed or license-eligible clinician when he or she requests mental health or substance use disorder services.	Enter Date	05	Same Day Access When data element 103 is coded 05, code data element 104 as 01 if the assessment determined the individual needed services or 02 if they did not; in either case code data element 105 as 96.	00 - None 01 - Yes 02 - No	

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Population	102 Date of Assessment	103 Assessment Action		104 Assessment Values	Enter
Element 103: Based on the SDA assessment, if applicable, an individual is offered an appointment in a mental health or substance use disorder service offered at the CSB that best meets his or her needs.	Enter Date	06	First Available Appointment Offered When data element 103 is coded 06, code data element 104 as 00 and element 105 as 96 and enter the date offered in element 107.	00 - None 01 - Yes 02 - No	
100 services; SMI (320) or SED and targeted Case Management NOTE: per Taxonomy At risk of SED= Birth through 7 SED = Birth through 17 SMI =Ages 18 and up = SMI	Annual Date – enter date	07	Primary Care Screening	If annual primary screening has been done: 01 - No 02 - Yes, screening values not within normal range 03 - Yes, screening values within normal range 04 - No Legal Guardian refused	**HT -** Inches **WT -** Lbs. **BP -** Systolic/Diastolic **BMI -** Calculate by formula - HT, WT, age see col. To right
Parameters (100 Services): Height: Weight - Age: https://www.cdc.gov/growthecharts/background.htm Clinical growth Charts and BMI for age - 2000 CDC **Blood Pressure:** Children ages 3 and up: https://www.nhlbi.nih.gov/files/docs/bo_child_pocket.pdf					

Reference: CDC.gov: https://www.cdc.gov/bloodpressure/measure.htm **BMI:** Children: BMI Calculator: (NOTE: HT = inches) https://www.cdc.go/healthyweight/bmi/calculator.html **Adult BMI:** If your BMI is less than 18.5, it falls within the underweight range If your BMI is 18.5 to <25, it falls within the normal If your BMI is 25.0 to <30, it falls within the overweight range If your BMI is 30.0 or higher, it falls within the obese range Reference: Centers for Disease Control (CDC)			**Blood Pressure:**			
			Adults:			
			Normal Blood Pressure	Less than 120/80 mmHg		
			At Risk for High Blood Pressure (Prehypertension)	Between 120/80 mmHg and 139/89 mmHg		
			High Blood Pressure (Hypertension)	More than 140/90 mmHg		
Ages 3 & up; 100/312 & 300/312	Enter Date of answer	08	Antipsychotic Medication prescribed by CSB Practitioner	01 - Yes 02 - No		
Ages 3 & up; 100/312 & 300/312 and on antipsychotic medication	Annual Date – enter date	09	Metabolic Syndrome Screening: Annual fasting Glucose, hemoglobin A1c , lipid profiles BMI ages 3-18 BMI > 18	02 - No 03 - Yes, screening values not within normal range 04 - Yes, screening values within normal range 05 - No, individual/legal guardian refused	**Fasting Glucose Hemoglobin A1C Fasting Lipid Panel** ****Any test used to diagnose diabetes requires confirmation with a second measurement, unless there are clear symptoms of diabetes.** Reference: NIDDK

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Parameters (Ages 3 & up: 100/312 & 300/312 services and on antipsychotic medication):

Fasting Glucose	>/= 100 is abnormal	
	Pre-diabetes (fasting plasma glucose 100-125 mg/dl)	
	Diabetes (fasting plasma glucose >/= 126 mg/dl)	
Hemoglobin A1C	Diagnosis *A1C Level	
	NormalBelow 5.7%	
	Prediabetes 5.7 to 6.4%	
	Diabetes 6.5% & +	
Fasting Lipid Panel	Desirable Cholesterol Levels2	
	HDL ("good cholesterol")	60 mg/dL
	LDL ("bad cholesterol")	Less than 100 mg/dL
	Total Cholesterol	Less than 200 mg/dL
	Triglycerides	Less than 150 mg/dL

Reference: CDC https://www.cdc.gov/dhdsp/data_statistics/fact_sheets/fs_cholesterol. htm

https://www.cdc.gov/healthyweight/assessing/bmi/childrens_bmi/about_childrens_bmi.html#HowIsBMICalculated

https://www.cdc.gov/healthyweight/assessing/bmi/childrens_bmi/about_childrens_bmi.html#HowIsBMICalculated

Other references:
American Diabetes Association,
American Psychiatric Association,
American Association of Clinical Endocrinologists, and North American Association for the Study of Obesity

Reference: Consensus Development Conference on Antipsychotic Drugs and Obesity and Diabetes. Diabetes Care 2004 Feb, 27(2): 596-607

Ages 3 & up; 100/312 & 300/312 services and on antipsychotic medication; and values not within normal limits for 09	Enter Date	11	Individual attended PCP Appointment for f/up after outside of normal range	01 - Yes 02 - No 05 - Individual/parent/legal guardian refused	
Age 6 and up	Enter dates Annual, quarterly and at discharge	12	DLA-20 Enter average composite score from DLA-20	1.0 - 7.0	

| ALL ages | Enter date referral given to individual | 13 | Referral Destination other than PCP external to CSB

See lkpReferralDestination in Specifications | See lkpReferralDestination in Appendix G

See LkpReferralDestination table in Specifications of the CCS3 Extract 7.5 or CCS 3.5.2 | |